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COUNTY BOROUGH OF DEWSBURY

ANNUAL REPORT

OF THE

PUBLIC HEALTH SERVICE

FOR THE YEAR

1947

BY

The Medical Officer of Health

(E. D. IRVINE, M.D., M.R.C.S., D.P.H.)



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J. WARD & Co., CHURCH STREET, DEWSBURY

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HEALTH COMMITTEE.

Chairman—Alderman A. SUGDEN, J.P.

Vice-Chairman—Alderman M. SCARGILL.

The Mayor (Councillor W. WEST, J.P.) (*ex-officio*).

Alderman H. ASHBY

Councillor F. W. CRAVEN

Alderman T. LEE, J.P.

Councillor C. F. DRANSFIELD

Councillor J. HARTLEY

Councillor Mrs. E. MARKHAM

Councillor H. M. NUNNS

MATERNITY AND CHILD WELFARE COMMITTEE.

The Health Committee with Mesdames F. W. CRAVEN, J. FLOWERS,
M. THOMAS and S. A. WOOD.

MENTAL DEFICIENCY COMMITTEE.

The Health Committee with Mesdames F. W. CRAVEN, J. FLOWERS,
M. THOMAS and S. A. WOOD.

HOUSING AND TOWN PLANNING COMMITTEE.

Chairman—Alderman M. SCARGILL.

Vice-Chairman—Councillor C. W. BOOTHROYD.

The Mayor (Councillor W. WEST, J.P.) (*ex-officio*).

Alderman T. WALKER

Councillor Mrs. A. DYSON

Councillor F. FOX

Councillor W. H. HOOPER

Councillor J. R. KERSHAW

Councillor F. W. THOMPSON

Councillor G. WOLSTENHOLME

JOINT COMMITTEES.

DEWSBURY JOINT HOSPITAL BOARD—

Chairman—Alderman W. HOLDSWORTH, J.P. (Dewsbury).

Vice-Chairman—Councillor TOWNSEND (Heckmondwike).

Dewsbury Members—

The Mayor (Councillor W. WEST, J.P.) (*ex-officio*).

Alderman T. LEE, J.P.

Alderman J. MAYMAN, J.P.

Alderman M. SCARGILL

Alderman A. SUGDEN, J.P.

Alderman F. W. TONG

Alderman T. WALKER

Councillor C. F. DRANSFIELD

Councillor Mrs. E. MARKHAM

Councillor J. E. McDONALD

SOUTH-WEST YORKSHIRE JOINT BOARD FOR THE MENTALLY DEFECTIVE—

(Dewsbury Representatives)

Alderman M. SCARGILL

Alderman T. WALKER

Co-opted Member—Councillor J. SAVAGE.

STAFF OF THE HEALTH DEPARTMENT, 1947.

Medical Officer of Health—

E. D. IRVINE, M.D., M.R.C.S., D.P.H.

Deputy Medical Officer of Health—

T. G. GALVIN, M.B., B.Ch., B.A.O., D.P.H., L.M., B.Sc.

Assistant Medical Officers of Health—

G. H. WHALLEY, M.B., B.S., D.P.H. (resigned 31-3-47).

MARY DOREEN FOX, M.B., Ch.B.

N. A. HODGKINSON, M.R.C.S., L.R.C.P. (from 28-4-47).

Orthopaedic Surgeon—

*J. M. P. CLARK, F.R.C.S.

Ophthalmic Surgeon—

*W. OLIVER LODGE, F.R.C.S. (Ed.), D.O.M.S.

Consulting Obstetrician—

*D. CURRIE, M.D., F.R.C.S., F.R.C.O.G.

Dental Surgeons—

C. A. TINN, L.D.S., H.D.D. (resigned 31-12-47).

H. V. SMAIL, L.D.S.

Chief Sanitary Inspector—

H. HAWORTH, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins., Cert. Sanitary Science.

Deputy Chief Sanitary Inspector—

F. T. HARRISON, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins., Cert. Smoke Ins.,
Cert. San. Sc., Cert. Inst. San. Eng.

District Sanitary Inspectors—

J. PESTER, M.S.I.A., Cert. S.I.J.B., Cert. San. Sc., Cert. Meat Ins., Cert.
Smoke Ins., Cert. Inst. San. Eng.

W. F. WELLER, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins., Cert. Smoke Ins.

D. H. BRADBURY, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins.

W. GILCHRIST, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins.

Whitley Sanatorium—

Matron—M. DIXON, S.R.N., Tuberculosis Certificate.

Moorlands Maternity Home.

Matron—C. BARRY, S.R.N., S.C.M.

Eightlands Day Nursery—

Matron—S. H. LEE, S.R.N. (From 8-12-47).

E. M. GRANT, S.R.N. (Resigned 30-9-47).

Medical Officer for Treatment of Venereal Disease.

*G. R. SUNLEY, M.B., Ch.B. M.Sc.

Health Visitors—

K. MAHON, S.R.N., S.C.M., Health Visitor's Certificate.
I. GARTON, S.C.M., Health Visitor's Certificate.

Temporary Health Nurses.

C. WHITEFORD, S.R.F.N.
N. MARLOW, S.R.N. (from 2-6-47 to 27-9-47).
H. BARKER, S.R.N., S.C.M.
N. DORAN, S.R.N., S.C.M. (From 17-11-47).

Tuberculosis Visitor—

N. CLARK, S.R.N.

Municipal Midwives—

N. CROFT, S.R.N., S.C.M.
M. HAMMERTON, S.C.M.
M. E. LANCASTER, S.C.M.
E. H. SPENCER, S.C.M.

Borough Analyst—

*F. W. RICHARDSON, F.I.C.
*F. W. M. JAFFE, B.Sc., F.I.C.

Chief Clerk and Vaccination Officer—

E. AUTY, C.R.S.I.

Clerical Staff—

G. AUTY (Resigned 30-4-47).
L. WHITELEY (Resigned 27-5-47).
E. LEWIS (From 1-7-47).
H. TRANMER (From 6-6-47).
Miss D. NODDINGS.
P. H. COX (Resigned 24-11-47).
Mrs. E. SMALLWOOD.
Miss M. PARKER.
W. E. LLOYD.
R. T. POLLARD.
H. WOOD.
Miss D. BEEVERS.
A. CLOUGH.
Miss J. ARCHER (From 15-12-47).
Miss D. SENIOR (From 24-3-47).

*Part-time.

ANNUAL REPORT, 1947.

October, 1948.

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, MRS. MARKHAM AND GENTLEMEN.

I have the honour to present the Annual Report on the health of the inhabitants, and the work of the public health department during the year 1947.

Vital
statistics
pages
10, 11, 12.

The birth rate (23.9 per 1,000 population) was the highest since 1904—a rate that will not be equalled in 1948. As the death rate was 14.8 per 1,000 population there was a natural increase (excess of live births over deaths) of the population by 466 persons. The Registrar General computed the population for mid 1947 to be 50,880. The still birth rate was exceptionally low at 21.7 per 1,000 total births, a record. Three important vital statistics shewed an unfavourable comparison with those of 1946, viz., the infant mortality rate (45.2 per 1,000 live births), the infant diarrhoea death rate (3.8 per 1,000 live births), and the tuberculosis death rate (.54 per 1,000 population).

The post-war increase in the birth rate resembles in some ways the post-1914 war phenomenon, but already it seems likely to have passed its peak. It is not understood by the people at large that a steadily falling birth rate inevitably results, in the long run, in a lessening number and proportion of children and young adults and an increasing proportion of old people. As the number of adult workers declines so the earning and productive power of the nation declines and so too does the burden of the dependent population (increasingly the old people) on the rest increase. The standard of life will fall; the security of the aged and the welfare of even the fewer children will be imperilled. Increasing use of scientific invention may postpone these effects but they are not likely to counter them altogether. At some time in the not too distant future, if the present trends continue, these conclusions will become self evident, but many are still ignorant of the dangers. Such is the official attitude to children that for the greater part of the population, to have children is still to invite financial hardship. Until the country realises that its greatest wealth is in children, and until parents are encouraged much more actively than at present by official policy, and indeed until the country recognises that having and rearing a family is the greatest contribution a couple can make to the nation, no progress can be expected. Fashion and custom are important influences and it is patent that for many the idea

of a large family is something in the nature of a discredit and not a blessing. And yet mental adjustment, one of the greatest factors in real health, is more easily achieved in the large than in the small family. The state should do much more than it does to encourage the rearing of larger families, and so far as possible within their own homes : this country has lagged behind continental countries in this matter. It is by assisting *the parents* to care for their children *at home*, and by a better system of family allowances and reliefs that the state can contribute most. The increasing load of dependency due to old age which will ensue from the present fashion of restriction of families is not recognised nor understood by the people, and is tacitly ignored by those in authority.

**Infectious
Diseases
pages 40-47**

Dewsbury shared in the national outbreak of infantile paralysis : cerebro-spinal fever was also commoner than usual. Diphtheria immunisation made real progress in 1947, but it is uphill work ; diphtheria is at present disappearing. Of 2,552 persons attending for X-ray examination by the Leeds Mass Radiography Unit which visited Dewsbury in August, three were found to be cases of active pulmonary tuberculosis.

**Maternity
and Child
Welfare
Service**

page 36

Page 33, 34

Page 21

Progress was maintained in the maternity and child welfare service. In this as in all health services the adequacy and quality of staff is more important than the buildings in which they serve. The existing shortage of health visitors will be somewhat relieved in 1949, as a result of the Committee's scheme for training health visitors in conjunction with the University of Leeds. The main causes of infant deaths (of which 45% occurred in the first week of life) were prematurity, congenital defects, intracranial haemorrhage, and pneumonia. There is little doubt that the causes of infant deaths would be, to some extent, reclassified if all the information available were to be considered. A review of the premature babies born alive in 1947 (7.5% of all live births) showed that approximately 20% had died before reaching one year of age (compared with a rate of 4.7% for all live births). In 1947 a special effort was made to secure routine inspection and the necessary treatment at the dental clinics of expectant and nursing mothers : of almost 400 mothers examined 94% required dental treatment. It was decided to establish a day nursery at Ravensthorpe and before the year end premises were secured for adaptation. Certain improvements in the various welfare centres were made during the year ; efforts to secure premises for a further centre in the Moored district were without success. A fortnightly antenatal session in Thornhill was commenced late in the year.

**Water
Supply**

The town's water supply is satisfactory but it is not ^{all} filtered.

Housing
pages 23, 24

There is plenty of work to be done in slum clearance in Dewsbury. Appeals for support by the health department in regard to applications for rehousing reveal the distressing housing conditions of many families in the town. Overcrowding, insanitary conditions, poverty and ill health go together and many children do not get a square deal. We must always press their claim for good housing conditions and a fair start in life. The average size of the families living as families in Dewsbury as shewn by a random sample of 728 houses is 3.27 persons, the average occupation per house being 3.53 persons. The number of post-war houses erected in the borough is 327, including 112 permanent houses.

Food
page 60-66

The statistics relating to housing inspections, food inspections, etc., are contained in the Chief Sanitary Inspector's report.

General

There are three matters of general public health concern in which a substantial improvement is desirable and could, I believe, be effected. First, smoke pollution of the atmosphere. Second the habit of spitting in the public streets, a habit, arising from thoughtlessness, which is not only aesthetically objectionable but dangerous to health. When will people realise that most infectious diseases (including colds and influenza) are spread by direct coughing or sneezing into one's neighbour's face? Only one degree less objectionable is the habit of spitting. Third, washing of the hands after the use of the toilet. We do not know, and probably never will know how many cases of enteritis are due to carelessness by food handlers, both domestic and commercial. I have long advocated and again recommend "no charge" for the use of public conveniences and the free provision of washing facilities (soap, towel and hot water) in public conveniences.

N.H.S. Act,
1946
(Appendix)

The Corporation's proposals for carrying out their duties under Part III of the National Health Services Act, 1946, as approved by the Minister, are included as an appendix to the report.

Conclusion

I wish to thank all the Chief Officers for their co-operation during the year, and for their assistance in supplying information for this report. My staff merit special appreciation for their loyal help; their work does not enjoy the limelight but it is all-important for the success of the Council's efforts in maintaining the public health. To you Mr. Chairman, Lady, and Gentlemen, I express my thanks for your continued interest and support throughout the year; without this and the co-operation of the public nothing would be achieved.

I am,

Your obedient servant,

E. D. IRVINE,

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	6,720
Estimated civilian population (Mid. 1947)	50,880
Number of Inhabited Houses (end of 1947)	16,338
Back-to-back houses approx.	4,100
Houses without water carriage system	175
Rateable Value	£342,647
Product of a penny rate	£1,310

I am indebted to the Borough Treasurer (Mr. A. E. Richardson) for the financial statement below, showing the cost of the health services from 1st April, 1946, to 31st March, 1947 :

	Expenditure £	Income, Grants, Amounts recharged, Etc. £	Net Cost £
Sale of Food and Drugs A/c. ...	221	39	182
Infectious Diseases A/c. (J.H.B. Precept £7,533) ...	7938	—	7938
Public Vaccination A/c. ...	295	—	295
Treatment of Tuberculosis A/c. ...	11404	694	10710
Venereal Diseases ...	1367	—	1367
Sanitary A/c. ...	12465	3890	8575
Treatment of Acute Sick A/c. ...	11990	885	11105
Centres ...	7798	4098	3700
Moorlands Maternity Home ...	16208	5367	10841
Maternity Services (including Midwives ...)	2540	1109	1431
Eightlands Day Nursery ...	2946	1802	1144
Mental Deficiency ...	6388	183	6205
	£81560	£18067	£63493

Number of Live Births :-

	Male.	Female.	Total.
Legitimate	626	524	1150
Illegitimate	38	29	67
Total	664	553	1217

Number of Still Births :—

Legitimate	9	16	25
Illegitimate	—	2	2
Total	9	18	27

Total Number of Births, Live and Still :-

Legitimate	...	...	...	635	540	1175
Illegitimate	...	...	...	38	31	69
				<hr/>	<hr/>	<hr/>
Total	...	...	...	673	571	1244
				<hr/>	<hr/>	<hr/>
Deaths	...	...	...	380	371	751
Deaths (under 1 year) :—						
Legitimate Infants	...	...	...	23	28	51
Illegitimate Infants	...	...	...	4	...	4
				<hr/>	<hr/>	<hr/>
Total	...	...	...	27	28	55
				<hr/>	<hr/>	<hr/>

Birth Rates and Death Rates, 1947.

	Dewsbury.	England & Wales	126 County Boroughs & Great Towns.
Rate per 1,000 Population :			
Live Births	23.91	20.5	23.3
Still-births	0.53	0.50	0.62
Annual Death Rate per 1,000 Population :			
All causes	14.76	12.0	13.0
Typhoid & Para- typhoid fevers	0.00	0.00	0.00
Scarlet Fever	0.00	0.00	0.00
Whooping Cough	0.01	0.02	0.03
Diphtheria	0.00	0.01	0.01
Influenza	0.03	0.09	0.09
Smallpox	0.00	0.00	0.00
Measles	0.03	0.01	0.02
Pulmonary Tuberculosis	0.37	Not available	
Non-Pulmonary Tuberculosis	0.17	Not available	
Still-birth rate (per 1,000 live and still- births)	21.70	Not available	
Rate per 1,000 Live Births :			
Diarrhoea & Enteritis			
Deaths (under 2 years)	3.28	5.8	8.0
Deaths under one year	45.19	41.0	47.0
Maternal Mortality Rate per 1,000 Total Births :			
Abortion with sepsis	0.00	0.10	Not available
Abortion without sepsis	0.00	0.06	Not available
Puerperal infections	0.00	0.16	Not available
Other maternal causes	2.41	0.85	Not available
All puerperal causes	2.41	1.17	Not available

COMPARATIVE RATES.

	Dews- bury	Dews- bury	England and Wales
	1947	1946	1947
Birth Rate	23.91	20.37	20.5
Death Rate	14.76	14.13	12.0
Infant Mortality Rate (per 1,000 live births)	45.19	41.50	41.0
Still Birth Rate (per 1,000 live and still births)	21.70	39.85	—*
Maternal Mortality Rate (per 1,000 total births)	2.41	1.90	1.17
Pulmonary tuberculosis Death Rate (per 1,000 population)	0.37	0.22	—*
Non-pulmonary Tuberculosis Death Rate (per 1,000 population)	0.17	0.10	
Diarrhoea (under 2 years) Death Rate (per 1,000 live births)	3.28	0.99	5.8

*Not available.

Population.

1931 Census—54,303.

The Registrar General estimated the civilian population in 1947 to be 50,880 an increase of 1,210 on the total for 1946.

The natural increase of the population (excess of live births over deaths) was 466.

Occupations.

The chief occupations in Dewsbury are the woollen trade, and its associated industries, workshops, the distributive trades, colliery work, and cleaning and dyeing. Female labour is important in the woollen textile industry of which Dewsbury is the principal centre.

Unemployment.

The following are the figures for the number of registered unemployed in Dewsbury during 1947, together with notes re the employment of registered disabled persons and Polish and European volunteer workers :—

Register of Wholly Unemployed Workers.

1947	Male	Female	Total
January 13th	250	9	259
March 10th	324	13	337
June 16th	147	1	148
September 15th	125	4	129
December 8th	110	1	111

In addition to the above, workers who were regarded as unsuitable for ordinary industrial employment were registered as unemployed as follows :—

1947			Male	Female	Total
January 13th	...	...	57	—	57
March 10th	...	...	55	—	55
June 16th	...	...	42	—	42
September 15th	...	...	24	—	24
December 8th	...	...	36	—	36

During the months of March and April, 1947, shortage of fuel and power cuts resulted in approximately 1,500 men and 1,500 women being temporarily suspended from work.

About 80 registered disabled persons were placed in employment during the year. On 15th December, 1947, 42 registered disabled persons (males) were on the unemployed register.

Demands for labour were heavy throughout the year and some 180 Polish and European volunteer workers have been brought to the district for employment in hospitals, coal mines and textile factories. Two local employers have established workers' hostels to accommodate some of these workers, whilst others are accommodated in private lodgings. Others, for whom local accommodation has not yet been found, are being transported daily from holding hostels.

Birth Rate.

In 1947 the number of live births, 1,217, was 205 more than in 1946, giving a birth rate of 23.91 per 1,000 population compared with the previous year's rate of 20.37 ; the birth rate was the highest since 1904 : only in 1914 and in 1920 has the rate been closely approached.

The birth rate for England and Wales was 20.5 per 1,000 population for 1947.

The birth rate and maternal mortality rate for Dewsbury during the previous ten years were as follows :—

			Birth Rate	Maternal Mortality Rate.
1937	...	...	15.2	2.4
1938	...	...	14.2	3.83
1939	...	...	14.4	5.08
1940	...	...	14.9	6.31
1941	...	...	14.7	6.31
1942	...	...	17.3	1.14
1943	...	...	18.7	1.07
1944	...	...	20.8	1.8
1945	...	...	18.1	Nil.
1946	...	...	20.4	1.90
1947	...	...	23.91	2.41

Death Rate.

In 1947 the number of deaths was 751 an increase of 49 compared with the previous year, and the death rate was 14.76 per 1,000 population compared with 14.13 in 1946.

The death rate for England and Wales in 1947 was 12.0 per 1,000 population.

The following Table gives an Analysis of the Causes of Death :

CAUSES OF DEATH, 1947.

	M.	F.
1 Typhoid Fever, etc.	—	—
2 Cerebro Spinal Fever	—	2
3 Scarlet Fever	—	—
4 Whooping Cough	—	1
5 Diphtheria	—	—
6 Respiratory Tuberculosis	11	8
7 Other forms of Tuberculosis	5	4
8 Syphilitic Diseases	—	1
9 Influenza	2	—
10 Measles	2	—
11 Ac. Poliomyelitis and Polioencephalitis	—	1
12 Ac. Inf. Encephalitis	1	—
13 Cancer of buc : cav. and oesoph (M) ; uterus (F)	5	9
14 Cancer of stomach and duodenum	19	8
15 Cancer of breast	—	8
16 Cancer of all other sites	43	32
17 Diabetes	1	2
18 Intra-cranial vascular lesions	46	50
19 Heart Disease	98	109
20 Other diseases of circulatory system	13	18
21 Bronchitis	21	11
22 Pneumonia	23	19
23 Other respiratory diseases	4	2
24 Ulcer of stomach or duodenum	1	—
25 Diarrhoea (under 2 years)	3	1
26 Appendicitis	—	—
27 Other Digestive diseases	5	7
28 Nephritis... ..	11	13
29 Puerperal and Post-abortion Sepsis	—	—
30 Other Maternal causes	—	3
31 Premature Birth	7	7
32 Congenital Malformation, birth injury, infantile diseases	7	13
33 Suicide	1	2
34 Road Traffic Accidents	1	1
35 Other Violent causes	22	5
36 All other causes	28	34
Total	380	371

**Age Distribution of Principal Causes of Death.
Registrar General's Figures 1947.**

	Under 1		1—5		5—15		15—45		45—65		65 & O'r		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Heart Disease	—	—	—	—	—	1	1	2	36	16	61	90	98	109
Cancer	—	—	—	—	—	—	4	4	28	19	35	34	67	57
Intra-cranial Vascular Lesions	—	—	—	—	—	—	1	—	10	13	35	37	46	50
Pneumonia	5	5	—	—	—	1	2	—	6	3	10	10	23	19
Premature Births & Birth Injuries, &c.	14	20	—	—	—	—	—	—	—	—	—	—	14	20
Bronchitis	—	—	—	—	—	—	1	1	9	2	11	8	21	11
Violence (all forms) ...	1	—	—	—	1	—	9	—	8	3	5	5	24	8
Nephritis	—	—	—	—	—	1	2	2	4	5	5	5	11	13
Respiratory T.B. ...	—	—	—	—	—	—	5	7	6	1	—	—	11	8
Non-respiratory T.B. ...	1	1	2	—	—	—	2	2	—	1	—	—	5	4
Typhoid & Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ...	—	1	—	—	—	—	—	1	—	—	—	—	—	2
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	1	—	1	—	—	—	—	—	—	—	—	—	2	—
Ac : Poliomyelitis & Polioenceph :	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Ac : Inf : Enceph : ...	—	—	—	—	—	—	—	—	1	—	—	—	1	—
All other causes	5	1	1	—	—	—	4	12	10	17	37	38	57	68
TOTALS ...	27	28	4	—	1	4	31	31	118	80	199	228	380	371

GRAND TOTAL 751.

The effect of the ageing of the population is shown in the table in so much as the majority of deaths is found to be due to heart disease, cancer, and intra-cranial vascular lesions (strokes) and occurring at comparatively advanced age. That is to say that the infections as an immediate cause of death are far less significant than the degenerative processes, though these may have been affected and hastened by many factors including, possibly, infections in earlier life.

No longer do we *expect* great toll in deaths from scarlet fever, whooping cough ("chin cough"), measles, pulmonary and non-pulmonary tuberculosis (consumption and scrofula), small pox, infant diarrhoea (English cholera). What we now fear are heart disease, cancer and strokes; and the foundations of these disorders are probably laid in early middle age. It is also true that in old age the degenerative processes are responsible for most of the disablement so commonly met. Can health education help us so to order our lives that without sacrificing adventure and zest we can yet make old age later in onset and less disastrous in its manifestations? Some achieve happy and useful old age. Why do we not more of us do so? Possibly the secret lies in the quality of the feeding particularly in pre-natal life and early childhood; possibly it lies, too, in an early cultivation of a many-sidedness of mind, taking an interest in things not in the immediate path of one's livelihood; interest in the simple pleasures of life, in other people's ventures and the like. The problems of age are very real and very great; they are economic, social, mental and physical. Sympathy from without and effort from within are necessary if the aged are not to withdraw into an ever contracting world, into a house with fewer and darker windows opening on to a scene from which the sunshine has faded.

Deaths occurring in hospitals and institutions.

The number of deaths which occurred in hospitals or institutions during the year was 277 or 36.8% of the total number of deaths.

Infantile Mortality.						M.	F.	Total
Actual.								
Legitimate	...	...	...	...	...	23	28	51
Illegitimate	...	...	...	...	...	4	—	4
						<hr/> 27	<hr/> 28	<hr/> 55

Rates.

Legitimate infants per 1,000 legitimate Live Births	...	44.3
Illegitimate infants per 1,000 illegitimate Live Births	...	59.7
All infants per 1,000 Live Births	...	45.19
England and Wales (All infants per 1,000 Live Births)	...	41.00

Marriages.

The number of marriage ceremonies during the year ended 31st December, 1947, were :—

(a) In the Church of England	...	...	...	284
(b) In other chapels and churches	...	...	...	116
(c) At the Register Office	...	...	...	169

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Public Health Officers.

Particulars of the Public Health Officers, together with information as to their qualifications, are set out on pages 5 and 6.

Laboratory Facilities.

Bacteriological work is carried out at the Public Health Department Laboratory, Municipal Buildings, and at the Public Health Laboratory, Wakefield.

Specimens Examined at Dewsbury Public Health Laboratory during 1947.

	Swabs for diphtheria	Sputa for tuberculosis	Other examin- ations	TOTAL
Private Practitioners ...	61	16	1	78
General Infirmary ...	—	—	—	—
School Clinic ...	26	—	2	28
Whitley Grange Sanatorium	—	175	—	175
Tuberculosis Dispensary ...	—	208	1	209
Mitchell Laithes Isolation Hospital ...	498	2	3	503
Others ...	5	4	230	239
TOTAL ...	590	405	237	1232

Swabs for Diphtheria examined at the Public Health Laboratory during each month of 1947.

Month	Private Pract.	Dewsbury G. Infirm.	School Clinic	Whitley Sanat'm.	T.B. Dispensary	Isolation Hospital	Others	Total	Positive Results
January	—	—	2	—	—	36	—	38	7
February	6	—	—	—	—	39	—	45	6
March	3	—	1	—	—	49	—	53	3
April	4	—	1	—	—	38	—	43	—
May	4	—	—	—	—	58	—	62	2
June	10	—	10	—	—	13	—	33	—
July	7	—	—	—	—	33	—	40	—
August	3	—	—	—	—	31	—	34	2
September	5	—	4	—	—	12	—	21	2
October	3	—	2	—	—	66	—	71	12
November	4	—	5	—	—	75	—	84	1
December	12	—	1	—	—	48	5	66	3
Totals	61	—	26	—	—	498	5	590	38

DIPHtheria Swabs.—

DIPHtheria Cases.—

1943	...	...	1754	1943	...	...	69
1944	...	...	2320	1944	...	...	75
1945	...	...	1512	1945	...	...	58
1946	...	...	962	1946	...	...	36
1947	...	...	590	1947	...	...	4

AMBULANCE FACILITIES.

The ambulance facilities were satisfactory.

(a) Infectious Cases.

The Dewsbury Joint Hospital Board provided 2 ambulances. During 1947, 148 cases of infectious diseases were removed to the Isolation Hospital and 35 cases were removed to other hospitals, involving a total mileage of 2,982.

(b) Non-infectious and Accident Cases.

Three motor ambulances were in use, one provided by the St. John Ambulance Brigade, station at Ravensthorpe, and two by the Dewsbury Corporation, stationed at the Central Police Station, maintained and administered by the police.

During the year the St. John Ambulance Brigade ambulance removed a total of 435 cases involving a mileage of 4,570, and the Corporation ambulances removed 963 cases and were requisitioned 169 times for accidents and persons taken ill in the streets, involving a total mileage of 6,900.

No sitting case cars were maintained.

NURSING IN THE HOME.

The County Borough has made no arrangements for the home nursing of cases of infectious diseases.

The Dewsbury Nursing Association, of which Mrs. M. G. Kendall is the Honorary Secretary, provides effectively for the home nursing needs of the town, and in cases of necessity makes no charge. Nurses in the service of the Association paid 21,849 visits to 962 individual patients in 1947.

Although the Association works independently of the Local Authority, the Mayor of Dewsbury is President of the Association, and the Medical Officer of Health is Chairman of its Executive Committee; this arrangement has been traditional since the inception of the Association in 1923.

(d) TREATMENT CENTRES AND CLINICS.

The following is a list of Treatment Centres and Clinics in the Borough :—

	Place	Time
Child Welfare Clinics	Health Dept., Municipal Buildings, Halifax Road	Monday 2 p.m. (for children under 3 months) Wednesday 2 p.m. Saturday 10-30 to 11-30 a.m. (for foods only). Alternate Tuesdays at 2 p.m.
	Shaw Cross and Earlsheaton	Thursday 2 p.m. Friday 2 p.m. Monday 10-30 a.m.
Ante-Natal Clinics	Thornhill Council Offices Ravensthorpe Council Offices Moorlands Maternity Home	Monday 2 p.m. Tuesday 2 p.m. Wed. 10-30 a.m. Thursday 10-30 a.m. Thurs. 2 p.m.- Friday 10-30 a.m.
	Thornhill Council Offices Moorlands Maternity Home	
Post-Natal Clinic	Moorlands Maternity Home	Sat. 10-30 a.m.
Minor Ailments Clinic	School Clinic, Halifax Road	Daily.
Special Inspection Clinic	do.	By appointment Wed. 2 p.m.
Dental Clinic	do.	Daily.
Dental Clinic	Ravensthorpe Council Offices	Daily.
Orthopaedic Clinic	Dewsbury General Infirmary	By appointment 2-30 p.m., 2nd Tuesday in the month.
Consultant Ophthalmic Clinic	School Clinic, Halifax Road	By appointment every Thursday
Diphtheria	do.	Saturday 9-30 to 11-30 a.m.
Immunisation	All Child Welfare Clinics	Monday 6 p.m.
Tuberculosis	Northfields House, Bath St.	Friday 2 p.m.
Venereal Diseases	Dewsbury General Infirmary	Daily. Medical Officer attends :— Monday 2 to 4 p.m. Thursday 11 to 12 noon. Fri. 6 to 9 p.m.

PROMOTION OF CLEANLINESS.

Cases of uncleanness are dealt with at the cleansing station attached to the Municipal Buildings, Halifax Road, Dewsbury.

From June, 1947, the Health Committee and the Education Committee jointly employed a nurse whole-time for this work ; previously a nurse had been employed part-time. Details of the work done are set out in relation to school children, in the school medical report for the year.

During 1947, 1 pre-school child was cleansed from head lice and 11 pre-school children and 7 adults were treated for scabies.

A D.D.T. emulsion was the preparation used for the treatment of verminous conditions of the head and benzyl benzoate emulsion for the treatment of scabies.

ARRANGEMENTS FOR DENTAL, ORTHOPAEDIC, ETC., CASES.

Dental Treatment.—Maternity Cases.

During the year under review dental treatment for nursing and expectant mothers was carried out at both the Council's dental clinics, namely at the school clinic, Northfields House, and at the dental clinic, Ravensthorpe. A substantial effort was made to ensure that mothers attending ante-natal clinics also attended the Council's dental clinic.

Statistics show that out of 396 patients attending for inspection 371 or 94% required treatment, and that 331 of these or 90% accepted treatment. Complete treatment was given to 136 patients in the course of the year; while this figure may seem small in comparison with the total accepting treatment it must be borne in mind that where extractions and dentures are required treatment may have to be spread over a long period, especially with the expectant mother, if as is very often the case, treatment cannot be completed before confinement.

Of the 396 patients inspected 143 or 38.6% required dentures (this figure includes those requiring partial dentures so that it must not be thought that 143 patients were edentulous on inspection or had to be rendered edentulous).

The real aid of dentistry is the preservation of the natural dentition and in this respect I am pleased to record that a total of 445 conservations (*i.e.* fillings), were done in the course of the year, and in addition 209 other operations to the teeth and gums, this figure includes dressings, scalings, gum treatments, etc.

The following table shows the combined figures of dental treatment carried out by the dental staff:—

No. inspected	...	...	...	...	...	396
No. requiring treatment	...	...	...	...	...	371
Total attendances for inspection and treatment	...	...	...	...	...	1232
No. of fillings	...	...	...	...	...	445
No. of extractions	...	...	...	...	...	1019
No. other operations—teeth and gums	...	...	...	...	...	209
No. of dentures supplied	...	...	...	...	...	120
No. of patients supplied with dentures	...	...	...	...	...	71
No of patients receiving complete treatment...	...	...	...	...	...	136

Dental treatment.—Child Welfare cases.

The following table shows the dental treatment carried out by the Council's dental staff for children of pre-school age :

No. inspected	...	...	...	...	...	85
No. treated	...	...	...	...	...	56
No. of extractions	...	...	...	...	...	33
No. of fillings	...	...	...	...	...	5
No of other operations	...	...	...	...	...	34

Dental treatment.—Whitley Sanatorium and Chest Clinic patients.

Some dental treatment was provided for the above ; in all 10 patients received attention ; treatment carried out included 2 fillings, 9 extractions, and 4 dentures provided for 2 patients.

Dental treatment.—Social Welfare cases.

Three patients were provided with dentures (on behalf of the Social Welfare Committee) ; in each case these were full upper and lower dentures, making six dentures in all.

ORTHOPAEDIC TREATMENT.

During the year 33 children suffering from orthopaedic defects were referred to the Dewsbury and District General Infirmary from the infant welfare centres. A special clinic under the aegis of the Corporation is held monthly for mothers, infants and school children referred from the Council's clinics.

NURSING HOMES.

There are none registered or known to exist in Dewsbury.

BLIND PERSONS.

The number of blind persons on the Register on December 31st, 1947, was 132 (73 males, 59 females), as shown in the following table :—

Ages	Males	Females	Total
Under 5 ...	—	—	—
5 to 15 ...	3	—	3
15 to 20 ...	1	2	3
20 to 30 ...	3	1	4
30 to 40 ...	10	3	13
40 to 50 ...	6	5	11
50 to 60 ...	9	12	21
60 to 70 ...	15	16	31
Over 70 ...	26	20	46
Totals ...	73	59	132

The Director of Education is executive officer for the welfare of the blind. The National Assistance Act will involve certain changes in the administration of the welfare of the blind as of other classes of handicapped persons.

HOUSING.

The number of houses built in the borough since the end of the war is as follows :—

Private enterprise—

1946	...	...	...	...	...	31
1947	...	...	...	...	...	34

Local Authority—

1946	...	...	...	...	...	111
1947	...	...	...	...	...	161

Details of the Local Authority new housing are as follows :

1946—

Walnut Lane Estate (Temp. Prefab. Bungalows)	50
Lee Estate (Temp. Prefab. Bungalows)	25
School Lane Estate (Temp. Prefab. Bungalows)	30
Lee Estate (Houses)	6

1947—

School Lane Estate (Temp. Prefab. Bungalows)	15
Green Lane Estate (Temp. Prefab. Bungalows)	30
Lee Estate (Houses)	54
Walnut Lane Estate (B.I.S.F. Houses)	62

32 dwellings have also been provided by conversion of army hutments in the Grasmere Mount Estate ; this followed " squatting."

Rehousing.

32 families, which included patients suffering from pulmonary tuberculosis were recommended for rehousing during 1946, 1947 and 1948, and at the time of writing 22 have been rehoused in the Corporation estates.

44 families were recommended for rehousing due to overcrowding, 16 due to bad sanitary conditions and 9 for other various reasons.

Housing conditions in some parts of the borough are very bad ; overcrowding is a serious detriment to the welfare of little children and very often it is found in the worse types of houses already seriously deficient in the simple amenities of life. The legal standard of overcrowding is so low that in some cases though by any common sense standard the house is grossly overcrowded, legally it is not overcrowded at all. Some owners are not complying with the housing acts in not recording the " permitted number " of occupants and the name and address of the M.O.H. on the rent book.

SIZE OF FAMILIES.

A survey was carried out at the end of 1947 to determine the average size of the family. Taking every 50th name in the Civilian Residence Register, the address given was visited by a health visitor and enquiry made as to the number of occupants in different families in the house concerned. It is considered this is a genuine random sample and comprises nearly 5% of the houses in the borough.

728 houses were visited one of which was found to consist of two flats; (7 included in the original list were not visited, 2 because they were unoccupied, 4 because they were in Cottage Homes and 1 because it was the local general hospital). There were 771 families, living in 729 houses (including the two flats referred to above); they comprised 1,969 persons over 15 years of age and 560 children under that age. In addition there were 42 lodgers (36 adults and 6 children) and 1 servant.

The average size of the family was found to be 3.27 persons and the average occupation per house was found to be 3.53 persons. Our definition of the family included each family group living in the house; thus *e.g.* one aged parent would be included as part of the family: but a married son and daughter-in-law with or without children living together with their parents would be counted as two families. This is not quite comparable with the Registrar-General's definition. To-day, of course, more young married couples have to live with their parents than did so in previous census years. The average size of the family in Dewsbury as shewn by the census (a complete and more accurate estimate but which by the Registrar-General's own definition (Census 1931, County of Yorkshire, W.R. and York Part 1 page 4) would tend to overstate the size of families as commonly understood) in 1931 was 3.54; in 1921 it was 3.86 and in 1911 it was 3.94 persons per family.

The proportion of children under 15 years according to the 1931 census was 22.5% of the whole population: in this survey it is 22.0% a reduction smaller than was expected: probably the high post-war birth rate masks the decline (and the trend) in the child population from 1931 to the end of the late war.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

The public water supply to the Borough is satisfactory in quality and quantity, and restriction of the supply was not necessary during the year; notices were put in the press in November and December forbidding the use of hose pipes and asking consumers not to waste water. There are no stand pipes on the public supply and only a few isolated cottages are without public water supply.

The area of the County Borough of Dewsbury is supplied with water received in bulk from three sources :—

1. The works of the Dewsbury and Heckmondwike Waterworks Board.
2. The Corporation of Bradford.
3. The Corporation of Halifax.

The Dewsbury Corporation are responsible for the distribution of all water received, but are not directly responsible for collecting or treating any of it, though they are the larger partners of the Dewsbury and Heckmondwike Waterworks Board.

The supplies from all three sources are derived from upland gathering grounds situated in the Pennines, and are collected and stored in large impounding reservoirs.

Part of the area is supplied from source 1 only, part from source 3 only, and the remainder from sources 1 and 2 mixed.

In 1947 the proportions of water from each source were :—

- | | |
|---|-------|
| 1. Dewsbury & Heckmondwike Waterworks Board ... | 68.3% |
| 2. Bradford Corporation | 21.3% |
| 3. Halifax Corporation | 10.4% |

The Dewsbury and Heckmondwike joint supply is treated by the addition of slaked lime and chlorine, but is not filtered. It is chlorinated at Broadstone impounding reservoir and again at the outlet of the Whitley service reservoir.

The second and third supplies are treated by their respective authorities and are filtered.

The rate of consumption per person in 1947 was 24.4 gallons per day for domestic purposes including small trade users, and 23.2 gallons per day for measured trade supplies, giving a total of 47.6 gallons per day.

The chemical analyses of the waters supplied to the consumers do not show the water to have any liability to plumbo-solvent action ; no samples were taken with a view to testing for the presence of lead.

Chemical Analyses (undertaken by the Public Analysts, Messrs. Richardson & Jaffe) were made on samples as follows :—

	Number of Samples	
	Untreated or partially treated	From Distribution System as supplied to consumers
Satisfactory	2	2

The normal chemical dosages given to the Dewsbury and Heckmondwike Board's water at Broadstone and Whitley are as follows :—

Broadstone : Chlorine8 parts per million gallon.
 Lime ... 1 to 1¼ grains per gallon.

Whitley : Chlorine2 parts per million gallon.

Public Water Supply.—Bacteriological Analyses.

Laboratory	Samples from	Presumptive B. Coli. count per 100 m.l.			
		0 (Highly Satisfact'y)	1—2 (Satisfactory)	3—10 (Suspicious in chlorinated supply)	Greater than 10 (Unsatisfactory in chlorinated supply)
Public Health Laboratory Service Wakefield	Broadstone Reservoir (pre-Chlorination)	3	3	1	1
	Whitley Reservoir Inlet (Chlorinated)	42	2	—	2
	Whitley Reservoir Outlet (Chlorinated)	27	7	7	3
	Staincliffe Gauge Basin (Chlorinated)	39	3	2	—
	House taps in the Borough (Chlorinated)	35	2	—	2
	Depots on supply side (Chlor)	163	3	24	—
Dewsbury Analytical Services	Squirrel Hall Reservoir (Chlorinated)	44	—	1	—
	TOTALS ...	353	20	35	8

Grand Total — 416.

DRAINAGE AND SEWERAGE.

There are four Sewage Purification Works serving the Borough, situated at Mitchell Laithes, Ravensthorpe, Thornhill (Millbank) and Smithy Brook, dealing with daily dry weather flows of 2,400,000, 800,000, 150,000 and 25,000 gallons respectively.

With the exception of Thornhill (Millbank) results of treatment of sewage satisfy requirements of the West Riding of Yorkshire Rivers Board.

A scheme has been prepared and approved by the Council for the diversion of sewage now treated at Thornhill (Millbank) to Mitchell Laithes and will be submitted to the Ministry of Health at an early date.

During the year the only sewer extension carried out has been the laying of the necessary sewers to serve the new housing site in Headfield Road, other work of this nature being the culverting of the major portion of the Canker Dyke between the Lee Housing Estate and Howroyd Recreation ground.

Repair and maintenance work has included the cleaning out, among others, of the western main sewer (from Calder Bank Road to Sands Mill), the Mill Street East sewer, and the surface water sewer in Calder Bank Road.

RIVERS AND STREAMS.

The West Riding of Yorkshire Rivers Board is responsible for preventing pollution of the River Calder and its tributaries.

The River Calder and its tributaries receive along their entire length effluents from an almost unbroken chain of Sewage Works and Manufactories. The problem of preventing pollution is complicated owing to the small normal flow in proportion to the volume of effluents which is discharged into the river. At Kirkthorpe Weir, Wakefield, the dry weather flow of the River Calder is only about 95 million gallons a day. Of this flow, one-third can easily be accounted for by effluents from Sewage Works. In addition, there are millions of gallons of trade effluents, so that the amount of used water in the river is at least 50% of the total. If it were not for the compensation water from reservoirs there would be little clean dilution water reaching the river during droughts. The Board gives facilities to manufacturers, particularly in respect of new industries which give rise to waste liquids requiring special treatment. The Board is of the opinion that the most efficient and economical means of dealing with trade effluents is by draining them into sewers for treatment at the Sewage Works of the local authorities.

SWIMMING BATHS.

There are two swimming baths owned by the Corporation and situated in Wellington Road, Dewsbury.

The only remedial baths in operation are Turkish, Russian, vapour, zotofoam and peat baths, which are given without a medical certificate.

The baths were not closed to the general public during the poliomyelitis epidemic but the organised classes of school children attending the baths ceased on the 17th July and commenced again on the 3rd November, 1947.

Sterilisation of the water in the swimming baths is carried out by an MSPCM type solution feed vacuum chlorinator; briefly outlined this method consists of adding a heavy dose of chlorine, generally about 10 parts per million for a period sufficient to give one complete turnover of the bath.

This heavy dose is administered immediately after the bath is closed and the pool is left overnight, when it will be found that in most cases the chlorine has disappeared entirely, but if not, any excess can be easily removed by the addition of sodium thio-sulphate crystals.

The dose of chlorine required will depend on the degree of pollution of the water, and once some experience has been gained with this treatment, it is a comparatively easy matter to adjust the dose so that no excess of residual chlorine is left in the morning.

This type of treatment is termed "break-point chlorination," sufficient chlorine being added to oxidize completely all nitrogenous matter.

During the day a normal rate of treatment is applied to ensure a residual .5 parts chlorine per million of water.

The daily examination of the water is done by a Lovibond comparator using the ortho-toluidine reagent.

For the bacteriological examination, the water is obtained from the pools by the sanitary inspectors, who in turn, submit the samples for analysis.

MATERNITY AND CHILD WELFARE.

Domiciliary Midwifery.

The four municipal midwives booked 337 cases and delivered 328 during 1947; 6 were still births. There were in addition 8 abortions, 18 cases were transferred to hospital, 11 left the district, 3 patients were found to be not pregnant and 1 patient died before delivery.

The matron of the Moorlands Maternity Home is the supervisor of midwives in the Borough.

The domiciliary midwives issued 90 medical aids during the year.

Hospital Midwifery.

The work of the Moorlands Maternity Home is shown in the following Tables :—

Work of Moorlands Maternity Home, 1947.

Number of beds up to 31st December, 1947	...	...	31
Number of mothers confined at 28 weeks or more	...	...	867*
Number of abortions	...	...	3
Number of Infants born alive	...	...	868
Number of infants still-born	...	...	21
Number of babies born	...	...	889
Number of pairs of twins	...	...	22
Average duration of stay (in days)	...	...	12
No. of cases delivered by (a) midwives	...	...	803
(b) doctors	...	...	60
No. of cases admitted after delivery	...	...	4
No. of cases in which medical assistance was sought by midwives in emergency (all cases are attended by Resident Medical Officer)	...	...	159
No. of cases of Puerperal Fever	...	...	—
No. of cases of Puerperal Pyrexia	...	...	10
No. of cases of Pemphigus Neonatorum	...	...	—
No. of cases of Ophthalmia Neonatorum	...	...	2
No. of infants not entirely breast fed	...	...	174
No. of maternal deaths	...	...	1
No. of infant deaths within 10 days of birth	...	...	22

*Includes 6 non-residents having 6 babies.

Work of Moorlands Maternity Home, 1927-1947.

	No. of Dewsbury Births in Maternity Home	No. of Births in Dewsbury	Proportion of Dewsbury Births occurring in Maternity Home
1927	178	870	20.0%
1928	192	860	22.0%
1929	198	813	24.3%
1930	236	872	27.0%
1931	245	743	33.0%
1932	260	790	33.0%
1933	277	812	34.1%
1934	295	776	38.0%
1935	303	815	37.2%
1936	291	833	34.9%
1937	299	841	35.3%
1938	299	753	39.7%
1939	290	795	36.4%
1940	501	787	63.7%
1941	605	775	78.1%
1942	756	848	89.0%
1943	748	891	83.9%
1944	830	987	84.1%
1945	546	835	65.3%
1946	809	1054	76.7%
1947	883	1244	70.9%

Out of 870 " Moorlands patients " 866 had ante-natal care at the ante-natal clinic. Out of 336 " district patients " 325 attended the ante-natal clinic and 11 received no medical ante-natal care.

The consultant obstetrician performed 14 caesarean sections, and 6 other major obstetric operations.

The following table gives the number of mothers who were delivered in other hospitals :—

Dewsbury General Infirmary...	...	...	...	2
Staincliffe County Hospital			...	22
Leeds Maternity Hospital	...	...	...	3
St. James Hospital, Leeds	...	...	...	1
Batley Hospital	...	...	...	1
Jarvis Home of Queen's Nurses, Guildford			...	1

National Blood Transfusion Service.

The National Blood Transfusion Service carried out 558 rhesus factor examinations on behalf of the Corporation.

Maternity Clinics.

Ante-Natal Clinics.

Six sessions are held weekly at Moorlands Maternity Home ; and from 17th December, 1947, one session was held at Thornhill Council Offices, fortnightly.

The number of primary attendances during the year was 1,202, and in all there were 8,304 attendances made.

Post-Natal Clinic.

During the year there were 39 primary attendances and 10 subsequent attendances.

Consultant Clinic.

The Consultant Obstetrician made 134 examinations of ante-natal cases, 8 of post-natal cases, 24 of lying-in women and 13 of infants.

Infant Welfare Clinics.

Attendances at Infant Welfare Clinics were as follows :—

	Dewsbury		Earlsheaton & Shaw Cross		Thornhill		Ravens- thorpe		Total	
	1947	1946	1947	1946	1947	1946	1947	1946	1947	1946
Clinic										
Attendances...	6843	6878	3494	3598	4569	4471	4644	4837	19550	19784
Primary										
Attendances...	395	249	219	168	203	174	266	211	1083	802
Cases seen by										
Medical Officer	659	493	435	508	552	482	621	644	2267	2127

The number of infants attending for the first time under one year of age was 88.9% of the number of infants born during the year.

The amount of Milk Foods distributed at these Centres was 39,348 lbs.

Vitamin Supplements.

Fruit Juices and Cod Liver Oil are distributed through the Child Welfare Clinics in accordance with the Ministry of Health Circular dated 14th March, 1942.

Cod Liver Oil is available free of cost, and mothers may obtain Orange Juice at 5d. per bottle.

The take-up of these supplements in terms of "percentage of potential" has been estimated during the 13 weeks ended 29th November, 1947, to be as follows:—

	Dewsbury % of potential	National % of potential
Orange Juice	31.7	41.8
Cod Liver Oil	38.2	36.7
"A" & "D" Tablets	32.1	38.3

Quite clearly this shews that mothers in the town are not taking up the vitamins A, D, as well as mothers in the country as a whole : this is serious since an adequate vitamin content of the diet of the mother is most important for the infant.

WORK OF THE HEALTH VISITORS.

The Health Visitors paid 314 visits to expectant and nursing mothers, 5,339 visits to children under one year of age ; and 5,455 visits to children between the ages of one and five.

TOTAL VISITS IN WARDS.

	Trinity North and South Wards. |	Thornhill North and South Wards.	Earlsheaton and All Saints' Wards.	Ravensthorpe and St. John's E. & W. Wards.	TOTALS.
Births, 1st Visits	272	296	292	359	1219
Births, Re-visits under one year	976	1068	650	1426	4120
Visits to Children 1—5 years.	1373	1280	1114	1688	5455
Visits re Still-Births	8	5	10	5	28
Ante-Natal Visits	85	69	45	115	314
Other Visits— Housing, M.D., &c.	284	257	90	264	895
Total	2998	2975	2201	3857	12031

Child-Life Protection.

The Health Visitors act as Child-Life Protection Visitors, and the chart hereunder shows the number of child-life protection visits during 1947 :—

	Trinity North and South Wards.	Thornhill North and South Wards.	Earlsheaton and All Saints' Wards.	Ravensthorpe and St. John's E. & W. Wards.	TOTAL.
Child Life Protection Visits	10	10
No. of children visited	2

This duty will be transferred to the Children Department under the Children Act, 1948.

DAY NURSERIES.

The total number of attendances made at the Eightlands Day Nursery during 1947 are shown below.

Total Number of Attendances

0—2	2—5	Total
6653	—	6653

No. of days open 279

Average daily attendance 24

The nursery is meeting a real need, and indeed the waiting list is growing steadily and attendances are rising all the time.

MATERNAL DEATHS

There were three maternal deaths. The first occurred in a patient aged 38 who had not received any ante-natal care at all. This is particularly unfortunate when it is realised that 99% of the maternity cases had received ante-natal care ; the patient died at home from eclampsia and albuminuria. The pregnancy was illegitimate.

The second case was in a patient aged 38 who was admitted to the maternity home after an attempted forceps delivery ; she died from peritonitis following pelvic injury ; she had been transferred to St. James's Hospital, Leeds.

The third patient aged 35 died from obstetric shock and haemorrhage following caesarean section ; she died in Moorlands Maternity Home.

The latter two cases had both had ante-natal care.

PREMATURE BABIES.

There were 90 live premature babies born in the County Borough of Dewsbury during 1947 and 1 live premature baby was an inward transferable birth, representing 7.47% of the live births.

(a) The total number of premature babies notified who were born :

(i)	at home	...	...	...	...	...	21
(ii)	in hospital	...	...	...	...	...	70

(b) The number of those born at home :

(i)	who were nursed entirely at home	...	19
(ii)	who died during the first 24 hours	...	—
(iii)	who survived at the end of one month	...	19

(c) The number of those born in hospital :

(i)	who died during the first 24 hours	...	9
(ii)	who survived at the end of one month		60

The above information was requested by the Ministry of Health in their Circular 28/46 of 11th February, 1946, para 2.

Of 91 premature babies (*i.e.* $5\frac{1}{2}$ lbs. weight or less at birth) 43 were males and 48 females. They included 9 pairs of twins and 7 babies were twins to infants who were not premature, *i.e.* who weighed more than $5\frac{1}{2}$ lbs. weight ; of these 4 children died. Of 42 live twins born during the year 25 were therefore premature on the weight standard ($5\frac{1}{2}$ lbs. or less).

The following table shews that of the 91 premature infants born during 1947, 18 (19.7%) are known to have died before reaching their first birthday ; 32 (35%) are known to have survived to one year of age ; 38 are alive but less than one year of age at the time of writing and 3 have left the district. Of the 18 deaths 12 were ascribed to prematurity. Of 4 babies weighing less than $3\frac{1}{2}$ lbs. at birth 3 died by the end of the second day, all ascribed to prematurity. This is very significant.

Chart as at 31st May, 1948—Showing Information relating to Premature Infants Born during 1947.

Number of Premature Infants born during 1947			Weight	Deaths of Premature Infants.			Premature Infants Alive (31/5/48)				Untraced	
							Under 1 year		Over 1 year			
Male	Female	Total		Male	Female	Total	Male	Female	Male	Female	Male	Female
6	7	13	5½ lbs.	1	—	1	2	4	3	2	—	1
11	20	31	Over 5 lbs. Less than 5½ lbs.	1*	3*	4	4	7	6	9	—	1
10	9	19	4½ lbs.	1	2	3	6	2	3	5	—	—
10	7	17	4 lbs.	1	3	4	7	2	1	2	1	—
2	5	7	3½ lbs.	2	1	3	—	4	—	—	—	—
3	—	3	3 lbs.	2	—	2	—	—	1	—	—	—
1	—	1	2½ lbs.	1	—	1	—	—	—	—	—	—
—	—	—	2 lbs.	—	—	—	—	—	—	—	—	—
—	—	—	1½ lbs.	—	—	—	—	—	—	—	—	—
43	48	91	TOTALS	9	9	18**	19	19	14	18	1	2

*Includes 1 death during 1948.

**All these died before reaching 1 year of age.

The 3 infants shown as untraced were transferred to other districts and were alive and healthy at the time of transfer. As recorded in my report for 1946 of 49 known premature babies born in 1946, 26 were known to be alive at October, 1947. These have been followed up, 3 have gone to other districts, present address unknown, the remaining 23 were all alive and well at October, 1948.

INFANT DEATHS.

Congenital Defects.

9 deaths were ascribed to congenital defects, but these were prominent in 4 more cases, viz. :—mongolism in two cases (marasmus and pyloric stenosis, and broncho pneumonia being the causes of death), hydrocephalus in a case ascribed to pneumonia and congenital absence of the abdominal muscles in a death ascribed to prematurity (2 lb. 15 ozs.).

In the latter case there was a bad obstetric history of two miscarriages at 10 weeks, and a maternal aunt of the infant had had a miscarriage (an anencephalic) ; but in the other cases there was no history of congenital defects in the families concerned.

In this series, atresia (duodenum, anus, oesophagus) in 3 cases, exomphalus (1), congenital absence of the abdominal muscles (1), spina bifida, etc. (4), anencephalus (1), heart malformation (1), mongolism (2), were the defects named : one child was an unlike twin, the other twin dying from prematurity.

Gastro Enteritis.

Of the 4 deaths due to gastro-enteritis, three were in illegitimate babies. Despite the small number this seems a significant fact, when the ratio of illegitimate to legitimate babies born was in fact 18 to 1. None were premature by weight ; one developed the disease in hospital while under treatment for scabies : home care and circumstances were considered very poor in two cases. One baby (legitimate) who died from cerebral haemorrhage (vertex) shewn post mortem, had been admitted to the hospital suffering from gastro-enteritis. Another illegitimate baby that died from broncho-pneumonia commenced its illness as a case of diarrhoea and vomiting.

Intracranial Haemorrhage.

Intracranial haemorrhage was the certified cause of 7 deaths, but one of these was in a case of gastro-enteritis. All the other 6 died in the first week and were presumably due to the stress of labour, although in 2 cases the labour was normal and another an easy breech (previously unconvertible to the vertex position). The remaining 3 appear to have been difficult deliveries.

Prematurity.

3 of the deaths classified as prematurity had also pneumonia or broncho-pneumonia recorded on the death certificates.

Pneumonia.

One of the pneumonia deaths (with convulsions) was found afterwards to have been in a child with a positive W.R., and another was in a mongol infant. 5 of the pneumonia deaths were in March during the period of heavy snow. Of the pneumonia deaths one was in a child born to a syphilitic mother ; this case commencing as diarrhoea and vomiting has been referred to above.

Poor Home Care.

Home care was considered to have been poor in five of the infant deaths, broncho-pneumonia (1), measles, pneumonia (1), influenza, pneumonia (1), and gastro-enteritis (2).

ADMINISTRATION OF INSTITUTIONAL SERVICES.

DEWSBURY AND DISTRICT GENERAL INFIRMARY.

This is a modern Voluntary Hospital which normally contains 100 beds. It was classed as a Grade IA Hospital under the Ministry of Health's Emergency Hospital Scheme, and in emergency could accommodate 180 patients.

STAINCLIFFE COUNTY HOSPITAL.

This hospital is administered as an appropriated (public health) hospital by the West Riding County Council and was classed as Grade IA in the Ministry of Health's Emergency Hospital Scheme. Normally it contains 349 beds, but in emergency a much large number of patients could be admitted. Dewsbury has an agreed user of up to 50 beds and in 1947, 541 Dewsbury patients were admitted including 22 maternity cases.

MITCHELL LAITHES INFECTIOUS DISEASES HOSPITAL.

This hospital containing 102 beds, is controlled by the Dewsbury Joint Hospital Board, and the medical services are provided by the medical staff of the public health service. Owing to the low incidence of infectious disease the accommodation was never taxed but the nursing staffing position was not easy. There is undoubtedly need for rationalisation of fever hospital resources and this hospital could undertake much more work than it does.

Work of Mitchell Laithes Isolation Hospital — 1947.

No. of cases as Notified (on admission)	Disease	As finally diagnosed						Average day Occupation	No. of deaths
		Total No. of cases	Cases from				Pontefract		
			Dewsbury	Heckmondwike	Ossett	Batley			
69	Scarlet Fever	62	25	13	22	2	—	27.8	—
16	Diphtheria ...	5	2	1	2	—	—	50.8	—
—	Diphtheria Carrier	2	1	1	—	—	—	15.5	—
4	Measles	6	5	—	1	—	—	18.2	1
6	Whooping Cough	4	4	—	—	—	—	31.0	—
1	Typhoid	2	2	—	—	—	—	36.0	—
11	Cerebro-spinal Meningitis	4	4	—	—	—	—	7.0	2
15	Poliomyelitis (P. Encephalitis)	17	6	3	2	—	6	27.6	—
4	Erysipelas	4	4	—	—	—	—	8.0	—
—	Tonsillitis	15	9†	3	2	1	—	16.2	—
3	Gastro-enteritis	3	—	—	3	—	—	8.7	2
1	Pneumonia	3	3	—	—	—	—	26.7	1
18	Others*	21	15	—	4	2	—	12.1	1
148	Totals	148	80	21	36	5	6	23.3	7

†One of these cases was a member of the nursing staff of the hospital.

*These included a number of non-notifiable infections and other cases : the death was in a case of toxic encephalitis.

WHITLEY GRANGE SANATORIUM.

This hospital contains 30 beds. During the year 33 patients were admitted and 26 discharged.

MOORLANDS MATERNITY HOME.

This hospital contains 31 beds and has been filled to capacity during the year.

An assistant medical officer is resident.

A consultant obstetrician attends weekly and is called at other times for emergencies.

The Home is approved by Central Midwives Board for training in Part II of the Board's examinations.

Poor Law Medical Out-Relief.

This work is carried out by Social Welfare Department.

CARE OF MENTAL DEFECTIVES.**Institutional Provision.**

At the end of 1947, there were 73 mental defectives maintained in Institutions wholly or partly by this Authority. 39 were males, and 34 females (including six cases, all of whom were males "out on licence leave" from St. Catherine's, Doncaster).

These defectives were housed as follows:—

St. Catherine's Certified Institution, Doncaster	...	...	69
Rampton State Institution	...	...	3
Monkton Hall, Jarrow	...	...	1

Dewsbury County Borough was until 5th July, 1948, a constituent of the South West Yorkshire Joint Board for Mental Defectives whose cases were cared for in St. Catherine's Certified Institution.

Guardianship.

There were 18 mental defectives under guardianship, 8 were males and 10 females.

Statutory Supervision.

There were 24 mental defectives under statutory supervision, (21 males and 3 females).

Education Act, 1944.

During 1947, 1 school child was examined under Section 57 of the above Act.

Occupation Centre.

It is the intention of the Mental Deficiency Committee to re-establish the occupation centre for mental defectives as soon as suitable premises can be obtained. A list of defectives who would be able to attend the centre has already been prepared. It is hoped that some real progress will be made in this direction during the current year.

Institutional Accommodation.

Considerable difficulty has been experienced in the past in trying to place certain defectives in Institutions. There is an acute shortage of accommodation for all types of defectives, especially the "low grade" cases. The promised extensions in the accommodation at St. Catherine's Certified Institution, Doncaster, when complete, may improve the situation so far as this Authority is concerned, but this is by no means certain under the new hospital regional grouping.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The Prevalence of Notifiable Infectious Diseases. (Other than Tuberculosis).

Disease	Total Cases Notified	Finally so Diagnosed	Cases admitted to Hospital	Total Deaths
Scarlet Fever... ..	49	45	31	—
Diphtheria	11	5	10	—
Erysipelas	7	7	5	—
Puerperal Pyrexia	10	10	10	—
Ophthalmia Neonatorum	4	4	4	—
Pneumonia	22*	18	3	42*
Typhoid Fever	2	2	2	—
Measles	306	291	8	2
Whooping Cough	71	69	2	1
Cerebro Spinal Fever	15	13	15	2
Malaria	3	3	—	—
Poliomyelitis	10	8	8	1
	510	475	98	48

* Some cases of pneumonia are not notifiable. The deaths from pneumonia are not related to the notifications.

The infectious diseases were not prevalent during the year : measles (306 notifications) caused two deaths. Whooping cough (71 notifications) was much the same as in the previous year. Cerebro spinal fever was rather more frequent than usual ; diphtheria is at present a disappearing disease : this is due, in part, at any rate, to immunisation. Poliomyelitis affected 11 persons.

Measles and whooping cough are compulsorily notifiable, but notification for various reasons is far from complete.

Details of the Notification of Infectious Diseases other than Tuberculosis during the twelve months of the year 1947.

Disease	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever	1	4	1	8	7	3	4	2	2	2	6	9	49
Diphtheria	2	1	1	—	1	—	1	2	1	—	—	2	11
Erysipelas	—	—	—	—	1	—	1	—	—	2	3	—	7
Puerperal Pyrexia	—	—	2	2	1	1	—	—	—	3	—	1	10
Ophthalmia Neonatorum	—	—	1	1	1	—	1	—	—	—	—	—	4
Pneumonia	6	3	2	1	1	—	—	—	2	—	1	6	22
Typhoid Fever	—	1	1	—	—	—	—	—	—	—	—	—	2
Measles	25	6	13	29	46	82	40	18	6	3	3	35	306
Whooping Cough	2	7	1	—	2	6	12	9	6	5	4	17	71
Cerebro-Spinal Fever	2	—	3	—	—	2	4	1	1	—	2	—	15
*Chickenpox	1	—	—	—	—	2	—	—	—	—	—	—	3
Malaria	1	—	1	1	—	—	—	—	—	—	—	—	3
Poliomyelitis	—	—	—	—	—	—	5	1	4	—	—	—	10
*Gastro-Enteritis	—	—	—	—	—	—	2	—	—	—	—	—	2
Totals	40	22	26	42	60	96	70	33	22	15	19	70	515

*Not "notifiable" (legally).

Notifiable Diseases other than Tuberculosis. Snowing Age Groups.

Disease.	AGES.												Total No. of Cases
	Under 1 year	1 to 2 years	2 to 3 years	3 to 4 years	4 to 5 years	5 to 10 years	10 to 15 years	15 to 20 years	20 to 35 years	35 to 45 years	45 to 65 years	65 and upwards	
Scarlet Fever...	1	—	3	7	2	22	5	3	3	2	1	—	49
Diphtheria ...	—	1	—	—	—	2	4	1	1	1	1	—	11
Erysipelas ...	—	—	—	—	—	—	—	—	1	1	4	1	7
Puerperal Pyrexia ...	—	—	—	—	—	—	—	2	6	2	—	—	10
Ophthalmia Neonatorum ...	4	—	—	—	—	—	—	—	—	—	—	—	4
Pneumonia ...	2	4	2	—	—	—	—	2	3	3	4	2	22
Typhoid Fever ...	—	—	—	—	—	—	—	—	1	1	—	—	2
Measles ...	12	32	47	50	49	108	5	1	2	—	—	—	306
Whooping Cough ...	7	10	7	12	14	20	—	1	—	—	—	—	71
Cerebro-Spinal Fever ...	3	1	1	1	1	2	2	2	2	—	—	—	15
Malaria ...	—	—	—	—	—	—	—	—	3	—	—	—	3
Poliomyelitis ...	1	—	3	2	—	3	—	—	—	—	—	1	10
Totals	30	48	63	72	66	157	16	12	22	10	10	4	510

POLIOMYELITIS.

The outbreak of poliomyelitis (infantile paralysis) which affected the country as a whole caused eleven recognised cases in Dewsbury. The first was in a child aged six months which was detected at a child welfare clinic in mid-June as a late case with residual paralysis of one foot, the onset having been on 22nd May. The next seven cases occurred between June 18th and July 15th ; two more occurred in August and the last on the 10th September. Originally 10 were notified ; 2 of these were not verified, one being measles with prodromal meningismus and the other clinically negative ; 3 of the cases were notified originally as cerebro-spinal fever. All the cases except one were in young persons (from 6 months to 11 years) and the last was in a woman aged 72 years.

Notified as Infantile Paralysis ...	...	...	...	...	10
Not confirmed ...	...	...	...	...	2
					—
Confirmed ...	...	...	...	...	8
Notified as cerebro spinal fever proved to be infantile					
paralysis ...	...	...	...	...	3
					—
Actual cases ...	...	...	...	...	11
					==

No second cases in the same family were observed ; only one case (without paralysis) occurred in a school class contact (the time separation of onsets being 17 days). Only three cases occurred in overcrowded conditions, and there was no localisation in any one part of the town. Only one child had attended the swimming baths, two the Saturday children's cinema, and one the child clinics. So far as this town is concerned we can say that the swimming baths and children's cinemas were not inculpatated. Two cases were treated at home, six at the isolation hospital and three at the county hospital. Of the children seven were boys and three girls.

Clinically the disease was really severe in only one case, a boy who had had his tonsils removed on 3rd June, 1947, the onset being on 16th July ; severe paralysis of the legs and sphincters supervened ; in four other children the lower limbs were affected, in one the spinal muscles, and in the remaining four there was no residual paralysis ; the woman aged 72 who died, apparently had a true poliomyelitis affecting the legs and arms ; which shewed some clinical recovery ; she deteriorated mentally, later developing a hemiplegia attributed to cerebral thrombotic changes which proved fatal. All cases except those that rapidly recovered in the hospitals were referred for treatment by orthopaedic surgeons. One case was transferred as a long stay case to Pinderfields Hospital but has been discharged.

Precautions.

At my request operations of tonsils and adenoids removal were discontinued (apart from very urgent cases) in the local hospitals from 16th July to 26th November, 1947. Swimming by school children in organised groups was suspended from the 17th July to 3rd November, 1947 ; but the baths were not closed to school children or others. A continuous check of the chlorination of the water in the swimming baths was maintained by the Baths Superintendent. Advice was given to cinema managers to maintain satisfactory ventilation but no effort was made to limit children's attendances. Re-breathing in dental anaesthetic apparatus was considered a possible risk ; at the Councils' dental clinics gas anaesthetics were eliminated as far as possible and dental extractions reduced to a minimum. (Mr. C. A. Tinn, L.D.S., made these interesting suggestions). Reassurance of the public was effected, as far as possible, in the local papers. I deplore the sensational " build-up " in relation to this disease that was evident in certain newspapers of wide circulation, causing needless and harmful anxiety to very many parents. We know little of the mode of spread of this disease ; even overcrowding does not necessarily result in the occurrence of more than the one overt case though the risks are increased ; the possibility of sub-clinical cases is of course well recognised, and they may be the spreaders of the causative virus. It is therefore a great mistake to cause widespread anxiety about the disease, when the methods of control are obscure.

Diphtheria.

11 cases were notified as against 36 in 1946. There were no deaths from this disease.

10 of the cases were removed to the Isolation Hospital.

Analysis of Cases Notified as Diphtheria.

Clinical Cases	Non-Clinical Cases Carriers, etc.	Originally Diagnosed as Diphtheria (not confirmed)	Total
3	2	6	11

Diphtheria Immunisation.

The total number of children immunised during the year was 899 ; of these 744 were between 0 and 5 years, and 155 between 5 and 15 years, the number aged less than 1 year was 222, much the best figure in this group yet achieved, but still far too small, representing only 22% of the number of babies born in the previous year.

It is estimated that the number of children in the Borough immunised is 37.3% of those between 0 and 5 years, and 69.6% of those between 5 and 15 years.

The number of immunisations carried out during the last 13 years are as follows :—

1935	...	...	...	...	...	77
1936	...	...	...	...	...	10
1937	...	...	...	...	...	76
1938	...	...	...	...	...	26
1939	...	...	...	...	...	19
1940	...	...	...	...	...	1680
1941	...	...	...	...	...	1865
1942	...	...	...	...	...	1350
1943	...	...	...	...	...	1675
1944	...	...	...	...	...	751
1945	...	...	...	...	...	615
1946	...	...	...	...	...	526
1947	...	...	...	...	...	899

In addition during the year 447 children received one single boosting dose, 382 of these children were between 5 and 15 years and 65 were between 0 and 5.

CANCER.

No. of Deaths from Cancer during 1947	...	124
Rate per 1,000 population	...	2.43
„ „ England and Wales	(not available)	

Deaths from Cancer in Age Periods :—

	M.	F.	Total
Under 15 years	—	—	—
15 to 45 years	4	4	8
45 to 65 years	28	19	47
Over 65 years	35	34	69
	67	57	124

Cases requiring X-Ray therapy or radium treatment are transferred from local hospitals to the Leeds General Infirmary. The Authority have made arrangements with the Dewsbury General Infirmary for the early diagnosis and treatment of cancer.

TUBERCULOSIS.

Notifications.

Total Number of Cases notified under Tuberculosis Regulations (1930) at the end of 1947.

	M.	F.	Total
Pulmonary Tuberculosis	82	64	146
Non-Pulmonary Tuberculosis	38	44	82
	120	108	228

Summary in Age Groups.

Age	Pulmonary			Non-Pulmonary		
	M.	F.	Total	M.	F.	Total
0—5 ...	1	1	2	2	4	6
5—15...	2	1	3	14	16	30
15—25...	13	12	25	8	9	17
25—35...	21	26	47	7	6	13
35—45...	18	12	30	5	8	13
45—55...	14	9	23	2	1	3
55—65...	10	2	12	—	—	—
65 upwards ...	3	1	4	—	—	—
Totals ...	82	64	146	38	44	82

Tuberculosis Mortality, 1947.

Age Periods	Respiratory			Non-Respiratory		
	Male	Female	Total	Male	Female	Total
0—	—	—	—	1	1	2
1—	—	—	—	2	—	2
5—	—	—	—	—	—	—
15—	5	7	12	2	2	4
45—	6	1	7	—	1	1
65—	—	—	—	—	—	—
TOTALS	11	8	19	5	4	9

Mortality—respiratory tuberculosis 0.37 per 1,000 population.

Mortality—non-respiratory tuberculosis 0.17 per 1,000 population.

Mortality for England and Wales not available.

Whitley Sanatorium (30 beds).

Patients in hospital at beginning of year	...	...	6
Patients admitted during the year	...	...	33
Patients discharged	...	...	16
Patients died	...	...	10
Patients in hospital at end of year	...	...	13

Chest Clinic.

First visits 83. Contacts 84. Subsequent visits 741.

Total attendances 908.

Home Visits.

First visits 38. Subsequent visits 1025. Total visits 1063.

Provision of Milk.

Number of patients supplied with milk during the year 76

Number of pints of milk supplied during the year 26,073

Maintenance Allowances under Memorandum 266/T.

During the year 13 cases received allowances amounting in all to £415 5s. 6d.

At the end of the year the Corporation were maintaining :—

- 1 patient in Middleton Sanatorium.
- 3 patients in Scotton Banks Sanatorium.
- 1 patient in Oakwood Hall, Sanatorium, Rotherham.
- 3 patients in Thorp Arch Orthopaedic Hospital
- 2 patients in Papworth Village Settlement.
- 3 patients in the Robert Jones & Agnes Hunt Orthopaedic Hospital, Oswestry.
- 3 patients in King Edward VII Hospital.

Mass Radiography.

At the invitation of the Health Committee the Mass Radiography Unit again visited Dewsbury for three weeks during the month of August. The unit had previously been in Dewsbury during September, 1945.

In spite of the manpower shortage most of the firms in Dewsbury who were approached consented readily to allow their employees to attend the unit during working hours without loss of wages. The workers themselves required very little persuasion to attend. The advantages of having a periodic check on the chest condition have become apparent to most people during the past few years.

The table below gives a summary of the findings of the unit :—

Number X-rayed	Recalled for large skiagrams	Inter-viewed by Doctor	No further action required	Significant Tuberculosis found		Cases of non-tuberculous disease referred to private doctors
				Suspected cases of Pulmonary Tuberculosis requiring Observation	Cases of Pulmonary Tuberculosis considered active and requiring treatment	
Males 1356						
Females 1196						
Total 2552	218	107	148	21	6	43

A number of those included above were not resident in Dewsbury.

23 Dewsbury residents were referred to the department in consequence of the findings at the survey ; in each case the private doctor was also informed. Five of these patients who had no symptoms refused to attend the dispensary for further examination. Three including one already known to the department were diagnosed as active tuberculosis. The two new cases were forthwith admitted to the sanatorium. Another patient was diagnosed as pneumokoniosis and fourteen (including 3 already known to the department) were considered to be inactive, and were kept under further observation.

VENEREAL DISEASES.

Treatment of this disease is carried out at the Dewsbury General Infirmary on behalf of the Dewsbury Corporation in conjunction with the West Riding County Council.

Particulars of the treatment and the number of cases, are given in the following tables :—

RETURN RELATING TO ALL PERSONS WHO WERE TREATED AT THE TREATMENT CENTRE AT DEWSBURY & DISTRICT GENERAL INFIRMARY DURING THE YEAR ENDED THE 31ST DECEMBER, 1947.

	Syphilis		Soft Chancro		Gonorrhoea		Non-venereal or undiagnosed conditons		TOTAL	
	M	F	M	F	M	F	M	F	M	F
1. Number of cases on 1st January under treatment or observation	107	97	...	...	131	39	43	6	281	142
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	1	2	...	...	1	...	...	...	2	2
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from :—										
Syphilis, primary... ..	35	6	...	...	...	...	...	...	35	6
" secondary	12	16	...	...	...	...	...	...	12	16
" latent in 1st year of infection	5	8	...	...	...	...	...	...	5	8
" all later stages	6	11	...	...	...	...	...	...	6	11
" congenital	1	3	...	...	...	...	...	...	1	3
Soft Chancro ... ..	...	...	...	...	...	...	...	...	...	...
Gonorrhoea, 1st year of infection ... ..	...	...	...	...	115	48	...	...	115	48
Gonorrhoea, later ... ..	...	...	...	...	10	2	...	...	10	2
Non-Veneral conditions ... ..	...	...	...	...	...	..	106	49	106	49
Conditions remaining undiagnosed at 31st Dec. ... ..	...	...	...	...	...	...	...	...	...	...
4. Number of cases dealt with for the first time during the year under report known to have received treatment for the same infection or to have been under observation at other Centres or Service Hospitals or by General Practitioners approved under Ministry of Health Circ. 2226.	13	8	...	...	9	1	1	...	23	9
TOTALS OF ITEMS 1, 2, 3 and 4	180	151	...	...	266	90	150	55	596	296

[illegible]

	Syphilis		Soft Chancre		Gonorrhoea		Non-venereal or undiagnosed conditions		TOTALS	
	M	F	M	F	M	F	M	F	M	F
11. Number of attendances :—										
(a) for individual atten- tion of the medical officer 	1774	1683	...	...	1294	642	471	277	3539	2602
(b) for intermediate treat- ment, e.g., irrigation, dressing 	871	647	...	...	1253	1104	315	662	2439	2413
TOTAL ATTENDANCES	2645	2330	...	...	2547	1746	786	939	5978	5015
12. In-patients :—										
(a) Total number of per- sons admitted for treatment during the year 	2	...	...	...	...	...	...	...	2	...
(b) Aggregate number of "in-patient days" of treatment given	27	...	...	...	...	...	...	...	27	...
13. Number of cases treated with penicillin 	52	41	...	...	147	92	Other Diseases		201	136
	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals	
	M	F	M	F	M	F	M	F	M	F
14. Number of cases of congeni- tal syphilis in Item 3 above classified according to age periods ... ...	...	1	1	...	...	...	...	2	1	3

	Microscopical		Cultural for Gonorrhoea	Serum Tests		Cerebro Spinal fluid	Others for diagnosis of Venereal Disease
	For Syphilis	For Gonorrhoea		For Syphilis	For Gonorrhoea		
15. Pathological Work :—							
(a) Number of specimens examined at and by the medical officer of the treatment centre ...	159	1189	...	...	...	...	294
(b) Number of specimens from patients attending at the treatment centre sent for examination to to an approved lab- oratory ... ..	...	1109	...	1039	569	49	199

STATEMENT SHOWING THE SERVICES RENDERED AT THE TREATMENT CENTRE
DURING THE YEAR, CLASSIFIED ACCORDING TO THE AREA IN WHICH THE
PATIENTS RESIDED.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in Eng- land and Wales) to be inserted in these headings.	Dews- bury	West Riding	Total
A. Number of cases from each area included under the following headings in Item 3 :—			
Syphilis	55	48	103
Soft Chancre ... ..	...	...	...
Gonorrhoea	85	90	175
Non-venereal and undiagnosed conditions	78	77	155
TOTAL	218	215	433
B. Total number of attendances of all patients re- siding in each area	5565	5428	10993

REPORT OF THE CHIEF SANITARY INSPECTOR.

on the work of the Sanitary Department for the year ending
31st December, 1947.

Mr. Chairman, Mrs. Markham, and Gentlemen,

I beg to submit my report on the work undertaken by the
Sanitary Department in the year ending 31st December, 1947.

SANITARY INSPECTION OF THE DISTRICT.

Drainage.

All plans of new, additions or alterations to buildings submitted for approval to the Housing and Town Planning Committee are examined in this Department regarding the proposed drainage.

All new drains and alterations to existing drains are examined and tested by means of the smoke test, and details of inspections and tests made during the year are given below :—

Length of 4 in. drain tested by smoke	...	...	...	...	11,693 ft.
Length of 6 in. drain tested by smoke	...	...	...	...	2,738 ft.
" 9 in. drain tested by smoke	...	...	...	...	937 ft.
No. of inspections of drainage	...	...	...	...	463
" smoke tests—New drains	...	...	...	...	203
" smoke tests—Existing drains	...	...	...	...	56
" colour tests applied...	...	...	...	...	63
" drains reconstructed	...	...	...	...	7
" chemical tests	...	...	...	...	7
" other tests	...	...	...	...	4

Sanitary Accommodation.

Closets :

No. of inspections of w.c. accommodation	...	...	...	...	740
" inspections of Privies and Pails	...	...	...	...	21
" Waste W.C's. converted to W.C's.	...	...	...	...	5
" Pails converted to W.C's....	...	...	...	...	7
" Tippler Closets converted to W.C's.	...	...	...	...	6
" Additional W.C's. provided	...	...	...	...	1

Ashbins and Ashpits :

No. of ashpits abolished	...	...	...	...	2
No. of dustbins renewed	...	...	...	...	245

Sanitary Inspection of the District.

During the year 1947 the following inspections were made by
Sanitary Inspectors to the premises detailed :—

Nature of Inspection.	Primary Insp'n	Re-in- spection	Total Visits
Houses :			
Under Public Health Acts	1978	5084	7062
" Housing Acts (Miscellaneous) ...	630	153	783
" Housing Acts (overcrowding) ...	133	14	147
" Housing Acts (classification) ...	437	5	442
Re Ashes Accommodation	314	636	950
Re Accumulations	55	86	141
Re Cellars Flooding	90	263	353
Re Vermin	108	153	261
Re Rats and Mice	261	1104	1365
Re Water Supply	31	34	65
Re Yards, Courts, &c.	22	33	55
Visits to :			
Common Lodging Houses	17	—	17
Houses Let in Lodgings	35	2	37
Schools	78	40	118
Cinemas	59	14	73
Piggeries	130	2	132
Urinals	203	14	217
Street Gullies and Sewers	124	109	233
Re Drainage	463	—	463
Slaughterhouses	132	—	132
Markets... ..	105	—	105
Markets—Meat Stalls	164	—	164
Markets—Other Stalls	793	—	793
Meat Shops	396	—	396
Food Preparing Premises	328	6	334
General Food Premises	628	9	637
Fried Fish Shops	305	14	319
Ice Cream Premises	188	2	190
Bakehouses	227	10	237
Milkshops and Dairies	454	4	458
Cowsheds	369	1	370
Offensive Trades	47	2	49
Factories	252	90	342
Stable Premises	114	8	122
Animals and Birds	25	3	28
Re Pharmacy and Poisons	85	—	85
Shops Acts	317	61	378
Tents, Vans and Sheds	1	—	1
Smoke Observations	205	—	205
" " (Premises visited)	16	3	19
Visits re Infectious Diseases	82	1	83
Miscellaneous	984	10	994
Visits re Closets—Water	740	—	740
Pails and Privies	21	—	21
Interviews (Owners, etc.)	1164	—	1164
Visits to Refuse Tips	60	14	74
Visits for Food and Drugs Sampling (Formal) ...	125	—	125
" " (Informal)	102	—	102
" Rag Flock Sampling	6	—	6
" Fertiliser and Feeding Stuffs	8	—	8
" Water Sampling	41	—	41

Complaints.

Number and nature of complaints received and investigated :—

Dampness	...	...	...	...	...	...	...	...	109
Vermin—Rats and Mice	...	...	...	...	...	...	...	...	50
Bug infestation	...	...	...	...	...	...	...	...	34
Refuse Accommodation	...	...	...	...	...	...	...	...	54
Sanitary Accommodation :									
Water Closets	...	...	...	...	...	...	...	...	38
Cisterns	...	...	...	...	...	...	...	...	6
Water Closet drains	...	...	...	...	...	...	...	...	21
Overcrowding	...	...	...	...	...	...	...	...	25
Water Supply :									
Defective pipes	...	...	...	...	...	...	...	...	18
Miscellaneous	...	...	...	...	...	...	...	...	15
Washing Accommodation :									
Sinks	...	...	...	...	...	...	...	...	38
Sink Waste Pipes	...	...	...	...	...	...	...	...	11
Set Pots	...	...	...	...	...	...	...	...	8
Drainage	...	...	...	...	...	...	...	...	75
Water in Cellar	...	...	...	...	...	...	...	...	32
Miscellaneous	...	...	...	...	...	...	...	...	112
General :									
Fireplaces	...	...	...	...	...	...	...	...	11
Roofs	...	...	...	...	...	...	...	...	88
Chimneys	...	...	...	...	...	...	...	...	17
Plasterwork	...	...	...	...	...	...	...	...	29
Subsidence	...	...	...	...	...	...	...	...	2
Eavesgutters	...	...	...	...	...	...	...	...	20
Windows	...	...	...	...	...	...	...	...	16
Woodwork	...	...	...	...	...	...	...	...	14
Total									843

Nuisances.

Nuisances found	2729
Nuisances remedied	...	...	...	...	...	...	...	1788

Action under Public Health Act.

Notices Served.		Notices Complied With.	
Formal.	Informal.	Formal.	Informal.
78	1240	60	1017

Action under Dewsbury Corporation Act, 1933 (S.20)

Notices Served.	Notices Complied With.
73	73

Shops Acts, 1912-38.

No. of Inspections of Shops	...	...	...	...	...	317
" Re-Inspections of Shops	...	...	...	...	...	61
" Shops entered on Register (31st Dec., 1947)	...	...	...	...	...	634

Smoke Abatement.

The Council continued their membership of the West Riding of Yorkshire Regional Smoke Abatement Committee, Councillor Dransfield being the representative of this Corporation.

Number of Smoke Observations taken	...	...	205
Number of Premises visited in respect thereof	...	...	19

The limit of black smoke allowable, prescribed in the Bye-laws is 3 minutes in the aggregate in the half-hour observation.

Meteorological Report, 1947.**OBSERVATIONS AT CROW NEST PARK.**

				Rainfall inches	Sunshine	
					Hours	Minutes
January	...	...	...	2.41	7	50
February	...	...	...	3.06	28	0
March	...	...	...	5.73	41	20
April	...	...	...	2.70	98	0
May	...	...	...	3.37	138	5
June	...	...	...	2.98	111	40
July	...	...	...	1.71	95	40
August	...	...	...	0.27	217	20
September	...	...	...	1.66	112	10
October	...	...	...	1.03	75	20
November	...	...	...	3.26	60	40
December	...	...	...	2.84	7	0
				<u>31.02</u>	<u>993</u>	<u>5</u>

Atmospheric Pollution
Record of Observation with Deposit Gauges for the Year 1947.

Month	Gauge Situate at Dewsbury (Municipal Buildings)		Gauge Situate at Savile Town (Gas Works)		Gauge Situate at Whitley		Gauge Situate at Ravensthorpe	
	M.	E.	M.	E.	M.	E.	M.	E.
January	475	12.11	494	12.59	447	11.38	651	16.60
February	708	18.10	587	15.02	347	8.81	248	11.42
March	975	24.70	328	8.37	231	5.80	762	19.50
April	995	25.36	650	16.70	650	16.55	590	15.03
May	840	21.48	718	18.30	629	16.04	940	23.90
June	608	15.39	483	12.26	514	13.07	600	15.27
July	370	9.40	397	10.13	455	11.58	417	10.62
August	163	4.14	272	6.95	264	6.74	284	7.25
September	523	13.33	730	18.62	405	10.31	666	16.98
October	723	18.47	556	14.76	380	9.69	442	11.31
November	742	18.81	702	18.02	314	7.97	613	15.63
December	552	14.04	743	18.99	577	14.49	822	20.99
Total Deposit for 1947	7,674 Average 640	195.33 per month 16.28	6,660 Average 555	170.71 per month 14.23	5,213 Average 434	132.43 per month 11.04	7,035 Average 586	184.50 per month 15.38

M.—Metric tons of soot deposited per 100 sq. kilometres.

E.—English tons of soot deposited per sq. mile.

Eradication of Vermin.

No. of visits made by Sanitary Inspectors re Vermin	108
No. of re-inspections " " " " " "	153
No. of articles disinfested 	1,360
No. of houses disinfested 	34
No. of rooms disinfested 	91

Disinfection after Infectious Diseases.

No. of visits to investigate cases of infectious disease	83
No. of houses disinfected after cases of infectious disease	144
No. of rooms " " " " " "	228
No. of articles " " " " " "	22,609
No. of library books " " " " "	52
No. of visits in connection with above 	164

In all cases the bedding is collected by the Sanitary Department staff and steam disinfected.

Rag Flock Acts, 1911-28.

Six samples have been taken during the year at premises where Rag Flock is manufactured, with the following results :—

Sample No.	Chlorine as Soluble Chlorides.			
	Allowed.		Found.	
1 ...	30 parts per 100,000		...	30 parts per 100,000
2 ...	" "	" "	...	12 " " "
3 ...	" "	" "	...	12 " " "
4 ...	" "	" "	...	18 " " "
5 ...	" "	" "	...	11 " " "
6 ...	" "	" "	...	17 " " "

Fertilisers and Feeding Stuffs Act.

No. of samples of Fertilisers taken during year ...	3
No. of Samples of Feeding Stuffs taken during year	5

Pharmacy and Poisons Act.

No. of Registered Premises 	79
No. of Inspections of Registered Premises 	85

Offensive Trades.

No. of Inspections made 	47
No. of Re-Inspections made 	2

Rats and Mice (Destruction) Act.

No. of Inspections of rat infested premises	...	...	261
No. of Re-Inspections	„	„	1104

During the year the sewers were baited once under the scheme devised by the Ministry of Agriculture.

Common Lodging Houses.

No. of Inspections made	17
-------------------------	-----	-----	-----	-----	----

Houses-Let-in-Lodgings.

No. of Inspections made	...	...	...	...	35
No. of Re-Inspections made	...	...	...	...	2

Factories Act, 1937.

No. of primary inspections of Factories—Non-mechanical	4
—Mechanical	8

No. of routine inspections made	240
---------------------------------	-----	-----	-----	-----

No. of re-inspections	90
-----------------------	-----	-----	-----	----

342

**Inspections of Factories for purposes of provisions as to health
(including inspections made by Sanitary Inspectors).**

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Secs. 1, 2, 3, 4 & 6 are to be en- forced by Local Authorities	66	72	—	—
(ii) Factories not included in (i) to which section 7 applies :				
(a) Subject to the Local Authorities (Transfer of Enforcement) Order, 1938	225	268	4	—
(b) Others	—	—	—	—
... Total ...	291	340	4	—

Cases in which DEFECTS were found :

Particulars	No. of cases defects found				No. of Prosecutions
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness ...	9	9	—	2	—
Overcrowding ...	—	—	—	—	—
Unreasonable temperature ...	1	1	—	1	—
Inadequate ventilation ...	—	—	—	—	—
Insufficient drainage of floors ...	—	—	—	—	—
Sanitary Conveniences :					
(a) Insufficient ...	3	2	—	1	—
(b) Unsuitable or defective ...	12	13	—	7	—
(c) Not separate for sexes ...	1	1	—	—	—
Other offences (not including offences relating to Homework)	2	2	—	—	—
Total ...	28	28	—	11	—

Schools.

No. of Inspections made ...	...	...	...	...	...	...	78
No. of Re-inspections made ...	...	...	...	...	...	...	40

Housing Statistics.

- 1.—Inspections of Dwelling-houses during the Year :—
- (1) (a) Total number of dwelling-houses inspected for defects (under Public Health or Housing Acts) ... 1978
 - (b) Number of inspections made for the purpose ... 7209
 - (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... Nil.
 - (b) Number of inspections made for the purpose ... Nil.
 - (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... Nil.
 - (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... 1240
- 2.—Remedy of Defects during the Year without service of formal Notices :—
- Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers 1017
- 3.—Action under Statutory Powers during the Year :—
- (a) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :
 - (1) Number of dwelling-houses in respect of which notices were served requiring repairs ... Nil.
 - (2) Number of dwelling-houses which were rendered fit after service of formal notices :—
 - (a) By owners ... Nil.
 - (b) By Local Authority in default of owners ... Nil.

(b) Proceedings under Public Health Act :		
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	78	
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—		
(a) By owners	60	
(b) By Local Authority in default of owners	Nil.	
(c) Proceedings under sections 11 and 13 of the Housing Act, 1936 :		
(1) Number of dwelling-houses in respect of which Demolition Orders were made	Nil.	
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	10	
(3) Number of Houses for which undertakings were submitted and accepted by Council	Nil.	
(4) Number of Houses made fit on undertakings accepted by Council	Nil.	
(d) Proceedings under section 12 of the Housing Act, 1936 :		
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil.	
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil.	
4.—Housing Act, 1936.—Overcrowding :—		
(a) (1) Number of dwellings overcrowded at the end of the year	266	
(2) Number of families dwelling therein	281	
(3) Number of persons dwelling therein	1335	
(b) Number of new cases of overcrowding reported during the year	40	
(c) (1) Number of cases of overcrowding relieved during the year...	77	
(2) Number of persons concerned in such cases	409	
(d) Particulars of any cases in which dwellinghouses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	Nil	
(e) Temporary overcrowding Licences granted	1	

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

No. of Retail Purveyors	141
„ Dairy Premises	54
„ Producers and Cowkeepers	34
„ Cowsheds	55
„ Inspections of Cowsheds	370
„ Inspections of Milkshops and Dairies	458
„ Contraventions Noted	8
„ Contraventions Remedied	6
„ Dairy Farms	45
„ Cows	411

Examination of Milk.

258 Samples of milk were submitted to the Bacteriologist and subjected to the Methylene Blue Test.

Designation	Satisf'y	Not Satisf'y	Total
Ordinary	18	3	21
Accredited	91	31	122
Pasteurised	31	7	38
Tuberculin Tested	44	15	59
Sterilized	3	—	3
Heat Treated	1	—	1
T.T. (Pasteurised)	13	1	14
	<u>201</u>	<u>57</u>	<u>258</u>

55 samples of milk were submitted to the Phosphate Test with the following results :—

Designation	Satisf'y	Not Satisf'y	Total
Pasteurised	34	3	37
Sterilized	3	—	3
Heat Treated	—	1	1
T.T. (Pasteurised)	12	2	14
	<u>49</u>	<u>6</u>	<u>55</u>

30 samples of milk were submitted to biological examination for B. Tuberculosis :—

Designation	No. Submitted	Positive	Negative
Pasteurised	4	—	4
Accredited	17	1	16
Tuberculin Tested	6	—	6
Ordinary	2	—	2
T.T. (Pasteurised)	1	—	1
	<u>30</u>	<u>1</u>	<u>29</u>

Ice Cream.

The following samples of ice cream were submitted for bacteriological examination :—

Month	No. of Samples	Coliform Test		Meth. Blue Test		Plate Count Test	
		Passed	Failed	Passed	Failed	Passed	Failed
April	7	5	2	—	—	7	—
May	21	19	2	12	9	—	—
June	23	9	3	10	13	—	—
July	24	9	4	11	11	—	—
August	29	29	—	9	20	—	—
Sept.	31	22	9	9	22	—	—
	<u>135</u>	<u>93</u>	<u>20</u>	<u>51</u>	<u>75</u>	<u>7</u>	<u>—</u>

105 samples of ice-cream were submitted to the Analyst for examination with the following results.

Month	No. of Samples	Satisfactory	Unsatisfactory
April	7	5	2
May	21	18	3
June	23	22	1
July	12	9	3
August	16	9	7
September ...	26	17	9
	105	80	25

Milk (Special Designations) Orders, 1936-41.

The number of licences held at 31st December, 1947, were :—

Tuberculin Tested—

Licence to produce and bottle	5
Licence to Bottle and Retail	1
Licence to Produce	1
Licence to sell	7
Supplementary licence to sell	2

Accredited—

Licence to produce and bottle	4
Licence to produce	9

Pasteurised—

Licence to pasteurise, bottle and sell	2
Supplementary Licence to sell	1
Licence to sell	1

Meat.

Number of visits made to slaughterhouses 132

Number of Licences to slaughter animals—

Total issued up to 31st December, 1947 83

The weight of meat condemned is given as under—

Meat Condemned	tons	cwts.	qrs.	lbs.
Weight of Mutton... ..	—	—	—	4
Weight of Pork	—	1	1	2
Weight of Pork Offal	—	6	—	21
	—	7	1	27

Number of inspections of Meat Shops and Stalls made was 560.

Particulars of other food surrendered as unfit for food—

TINNED FOOD—

Vegetables	414 tins
Soup	28 "
Preserves	257 "
Fish	65 "
Meat	409 "
Milk & Cream	664 "
Fruit	115 "
Other Food	273 "
	<u>2225 "</u>

FRESH FOOD—

Puddings	...	...	652
Eggs	...	...	928
Buns	...	...	390
Longbuns	...	...	634
Crumpets	...	...	1852
Cobs	...	...	54
Teacakes	...	...	1210
Malt Loaves	...	...	59
Loaves	...	...	393
Bun Rounds	...	...	162
Meat Pies	...	...	27
Sponge Sandwiches	...	...	2
Fish Cakes	...	...	368
Madeira Cake	...	...	1
Scotch Pancakes	...	...	76
Fish	...	...	50 st.
Herrings	...	...	4 "
Crabs	...	...	6 "
Mussels	...	...	72½ cwts.
Lobsters	...	...	23 lbs.
Dressed Crab	...	...	4 "
Mandarin Oranges	...	...	54 "
Grapes	...	...	40 "
Ox Tongue	...	...	6 "
Macaroni...	...	...	5 "
Oats	...	...	136 "
Flour	...	...	27 "
Chocolate	...	...	10¼ "
Apples	...	...	6 "
Bacon	...	...	7½ "
Pineapples	...	...	3 "
Dried Egg	...	...	28 "
Butter	...	...	106½ "
Frozen Eggs	...	...	30 "
Pears	...	...	1152 "
Plums	...	...	150 "
Sausages	...	...	12 "
Butter Beans	...	...	88 "
Prunes	...	...	30¾ "
Flap Jack Cereal	...	...	60 "
Grapefruit	...	...	1¼ "
Jam	...	...	1½ "
Pearl Barley	...	...	1 cwt.
Pickles	...	...	50 jars
Preserves	...	...	41 "
Sauce	...	...	1 bottle
Lime Juice Cordial	...	...	1 "
All Bran	...	...	1 pkt.
Sponge Mixture	...	...	5 "
Ryvita	...	...	1 "

Markets.

No. of visits made to market 105

General Food Premises.

Number of visits to	General Food Premises	...	...	...	637
"	Fried Fish Shops	...	...	...	319
"	Bakehouses	...	...	...	237
"	Food Preparing Premises	...	...	...	334
"	Meat Shops	...	...	...	396

1923

**Samples of Food and Drugs sent to the Public Analyst for Examination
during the year 1947.**

Article	Samples Taken	Informal		Formal		Total	
		Genuine	Adult'd	Genuine	Adult'd	Genuine	Adult'd
Milk	114	8	—	103	3	111	3
Ice Cream	104	79	25	—	—	79	25
Ice Cream Powder ...	1	1	—	—	—	1	—
Other Food & Drugs :							
Aspirin	1	1	—	—	—	1	—
Aspro	1	1	—	—	—	1	—
Back & Kidney Pills	1	1	—	—	—	1	—
Baking Powder ...	3	3	—	—	—	3	—
Beef & Ham Paste ...	1	1	—	—	—	1	—
Beer	2	—	—	2	—	2	—
Bicarbonate of Soda	1	1	—	—	—	1	—
Bismints	1	1	—	—	—	1	—
Bisto	1	1	—	—	—	1	—
Black Pepper ...	2	2	—	—	—	2	—
Blackcurrant & Cough Mixture	1	1	—	—	—	1	—
Bloater Paste ...	1	—	1	—	—	—	1
Bovril	1	1	—	—	—	1	—
Bronchial Lozenges ...	1	1	—	—	—	1	—
Bronchial Pills ...	1	1	—	—	—	1	—
Butter	2	—	—	2	—	2	—
Camomile Flower ...	1	1	—	—	—	1	—
Chocolate Cup ...	1	1	—	—	—	1	—
Cinnamon Lozenges ...	1	1	—	—	—	1	—
Cocoa	1	1	—	—	—	1	—
Creamola Steamed Pudding Mixture ...	1	1	—	—	—	1	—
Dried Onions ...	1	1	—	—	—	1	—
Egg Substitute ...	1	—	1	—	—	—	1
Ex Lax	1	1	—	—	—	1	—
Fish Cakes	1	1	—	—	—	1	—
Fish Paste	1	1	—	—	—	1	—
Flavouring Powder	1	1	—	—	—	1	—
Friars Balsam ...	1	1	—	—	—	1	—
Fruit Desert	1	1	—	—	—	1	—
Gin	1	—	—	1	—	1	—
Golden Raising Powder	1	1	—	—	—	1	—
Gravy Salt	1	1	—	—	—	1	—
Ground Ginger ...	1	1	—	—	—	1	—
Headache Powder ...	1	1	—	—	—	1	—
Health Salt	1	1	—	—	—	1	—
Lard	1	—	—	1	—	1	—
Laxative Chocolate ...	1	1	—	—	—	1	—
Malted Milk Food ...	1	1	—	—	—	1	—
Margarine	1	—	—	1	—	1	—
Meat Cubes	3	3	—	—	—	3	—
Meat Pie	1	1	—	—	—	1	—
Mixed Spice	1	1	—	—	—	1	—
Mustard	3	3	—	—	—	3	—
Pom	1	1	—	—	—	1	—
Port	2	—	—	2	—	2	—
Potted Meat	2	—	—	2	—	2	—
Rennies Digestive Tablets	1	1	—	—	—	1	—
Rum	2	—	—	2	—	2	—
Sage & Onion Stuffing	1	1	—	—	—	1	—

Article	Samples Taken.	Informal		Formal		Total	
		Genuine	Adult'd	Genuine	Adult'd	Genuine	Adult'd
Sagion	1	1	—	—	—	1	—
Sauce	1	1	—	—	—	1	—
Sausage	2	—	—	2	—	2	—
Sausage Meat	3	—	—	1	2	1	2
Savora... ..	1	1	—	—	—	1	—
Sherry	1	—	—	1	—	1	—
Slumber Tea	1	1	—	—	—	1	—
Soup Powder	1	1	—	—	—	1	—
Stomach Powder	1	1	—	—	—	1	—
Sulphur Tablets	2	2	—	—	—	2	—
Sunshine Jelly Mould	2	—	1	—	1	—	2
Tomato Soup	1	1	—	—	—	1	—
Vegetarian Fruit Lunch	1	1	—	—	—	1	—
Vite Gravy	1	1	—	—	—	1	—
Whisky	1	—	—	1	—	1	—
White Wine	1	—	—	1	—	1	—
Totals—							
Milk & Ice Cream ...	219	88	25	103	3	191	28
Other Food & Drugs	82	57	3	19	3	76	6
	301	145	28	122	6	267	34

Particulars of Adulteration.

Article	Adulteration or Offence	Remarks
Milk	Contained 3.7% added water	No action
"	" 4.0% " "	Warning letter
"	" 6.0% " "	Warning letter
Sausage Meat	Contained only 35.5% meat	No action
"	" 29.0% "	Warning letter
Sunshine Jelly Mould	Was a sample of vegetable, starch etc. Was not of the nature, substance and quality demanded	"
" " "	Was dried potato (and orange dye) 100%. Was not of the nature, substance and quality demanded	"
Egg Substitute	Was a sample of Golden Raising Powder. Should have been labelled as such. Contained only 4% available gas. Should be 6%	No action
Bloater Paste	The meat content was only 52.72%. Should not be less than 65%	No action

Twenty five informal samples of ice-cream had a fat content ranging from .68% fat—2.93% fat. Informal warning letters were sent.

Sale of Milk Regulations.

The minimum standard required for milk is laid down in the Sale of Milk Regulations, 1939, made under the Food and Drugs Act, 1938. Milk should contain not less than 3.0% butter fat and 8.5% solids not fat. Milk samples taken under the Food and Drugs Act during the year yield the following results :—

Month	Number of samples taken	Average Results.		Number adulterated
		Fat	Solids not fat	
January	7	3.90	8.74	—
February	7	3.80	8.60	1
March	11	3.68	8.65	1
April	7	3.40	8.47	—
May	12	3.42	8.46	—
June	9	3.43	8.70	—
July	18	3.60	8.68	—
September	9	3.60	8.58	—
October	26	3.97	8.59	1
December	8	3.59	8.62	—
Total... ..	114	3.67	8.61	3

Percentage adulterated—2.63

In conclusion, I should like to tender to the Chairman and Members of the Health and Housing Committees my thanks for the help and consideration given to me during the year, and to the Medical Officer of Health my deep appreciation for the help and support he has extended to me in the course of my duties.

I desire also to record my appreciation of the loyal and valuable services rendered by the District Inspectors, clerical staff and workmen of the Department.

I am,

Your obedient servant,

H. HAWORTH, M.S.I.A.,
Chief Sanitary Inspector.

NATIONAL HEALTH SERVICE ACT, 1946.

Proposals under the National Health Service Act, 1946, as modified and approved by the Minister of Health, 1948.

The following abstracts shew the proposals of the authority under each section of Part III of the National Health Service Act, 1946, (except Section 21 dealing with health centres), and include :

- (a) the services the authority propose to operate from the appointed day (July 5th, 1948) ;
and
- (b) the development plan.

SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN.

Description of the Service which it is proposed to operate on the appointed day.

A.—General arrangements.

1. Administrative arrangements :

The Medical Officer of Health will be in administrative charge of the service, assisted by the Medical Officer and Senior Dentist of the department—including the Medical Officer of the Maternity Home, whose appointment is expected to continue to include the attendance at ante-natal and child welfare clinics (see para. 4(a)). It is intended to continue the integration of the ante-natal clinic service with the maternity hospital provision, subject to the agreement of the Regional Hospital Board, and to continue to administer the main ante-natal and post-natal service at the Moorlands Maternity Home. It is also intended to hold ante-natal sessions at one or more peripheral centres.

2.—Joint arrangements with other local health authorities : Nil proposed.

3.—Arrangements with voluntary organisations : Nil proposed.

4.—Liaison with other bodies :

(a) By arrangement with the Regional Hospital Board it is proposed that the Medical Officer of the Maternity Home, who also conducts the ante-natal clinics, shall be solely engaged on maternity work and shall be appointed on a part-time basis to the staff of both the Regional Hospital Board and the Authority, on the basis of 50% proportion to the Hospital Board and 50% to the Authority.

(b) By arrangement with the Regional Hospital Board it is proposed that the Deputy and Assistant Medical Officers conducting the maternity and child welfare clinics shall be appointed to the staff of the Hospital Board on a part-time basis, participating in the work of the paediatric department.

(c) It is proposed that consultant ante-natal and paediatric care shall be provided either by arrangement with the Regional Hospital Board or by direct arrangement with consultants, as seems desirable.

B.—Particular arrangements which it is proposed to operate on the appointed day.

1.—Clinics :

(a) ante-natal clinics—2.

(b) ante-natal sessions per week—7 medical,
1 consulting medical,
1 by midwives.

(c) post-natal clinics—1 (one session a fortnight).

(d) infant welfare centres—5 (five sessions per week).

2.—Care of premature infants :

Special care will be afforded to these infants cared for at home by way of the provision of a suitable cot and equipment, special visiting and nursing care, home help as practicable and necessary, and the services of a consultant paediatrician if necessary ; and special " following-up " by health visitors of premature babies on return home from hospital.

3.—Dental care :

(i) (a) Dental examination and treatment will be offered as a routine procedure to all expectant mothers whether attending the ante-natal clinic or not, and all reasonable steps will be taken to secure that as many as possible take advantage of the service.

Nursing mothers will be encouraged to secure appropriate dental examination and treatment and to avail themselves of these services. It may be necessary to establish priority groups in the event of the pressure being too great for the dental staff available (*i.e.* in favour of those mothers who take ante-natal dental advice).

(i) (b) The parents of young children not attending school will be systematically encouraged, at the welfare centres and otherwise, to take them for dental attention as a routine procedure from the age of two to three upwards, or at any time in the event of toothache, etc. Orthodontic treatment will be provided if required.

(i) (c) Particular attention will be given to conservative treatment.

(ii) (a) As soon as practicable the authority will employ three dentists (whole-time officers of the authority) all giving part-time service to maternity and child welfare dentistry (equivalent to one whole-time dentist); one of them shall be appointed as Senior Dentist.

(iii) Number of sessions per week—ten.

(iv) Where the Council's dental surgeons are satisfied that dentures or orthodontic appliances are necessary the authority will provide them free of charge, the mechanical work involved being undertaken by contractual arrangement with private firms.

4.—Supply of Welfare foods :

The authority will continue to co-operate with the Ministry of Food in the distribution of those welfare foods which are included in the Government's Welfare Food Scheme, at welfare clinics, and so far as appropriate at the ante-natal clinic. The Authority will also arrange for other welfare foods to be supplied where the welfare of expectant or nursing mothers or young children so requires.

5.—Provision of maternity outfits :

Maternity outfits will be provided free of cost to all expectant mothers attended by domiciliary midwives, where required.

6.—Nursery provision :

(a) Day Nursery :

One day nursery will be maintained for 35 places. If found practicable, another day nursery will be established.

(b) Residential nurseries : None.

(c) Other forms of care :

It is not proposed to provide creches or make arrangements for daily guardians.

7.—Care of unmarried mothers and their babies :

Particular attention will be paid to the health visiting of unmarried mothers and their children. Liaison will be maintained with other appropriate bodies dealing with these mothers and children as seems desirable.

8.—Social emergencies and midwifery :

It is proposed, subject to the agreement of the Regional Hospital Board, that the Medical Officer of Health of the authority shall have the right to arrange for admission to maternity hospital units in the event of social conditions making institutional midwifery necessary.

DEVELOPMENT PLAN.

It is proposed to expand and develop, as soon as practicable, the arrangements for the dental care of expectant and nursing mothers and young children so as to provide adequate facilities to satisfy the requirements of Section B(3) above (dental care).

1.—(a) In accordance with the experience gained the Authority will appoint such further dental staff as is found to be necessary.

If found desirable at a later date the Authority will undertake the whole of the mechanical work involved in the provision of dentures for mothers and appliances for children.

1. (b) The Authority intend to provide an additional child welfare clinic as soon as possible, and to make such changes in the provision of ante-natal and post-natal clinic sessions as may be required to meet the needs of the service.

2. The Authority intend to provide a further day nursery for young children 0—5 years as soon as practicable.

3. The Authority intend to provide a hostel for mothers and children, which would include unmarried mothers but would not be exclusively for them. This would be in the nature of a mother and baby home. The date this could be secured depends on the availability of suitable premises or permission to build being granted.

4. The Authority intend to provide relaxation classes for expectant mothers by 1948-49.

5. The Authority propose to make arrangements with the Regional Hospital Board for short stay (few days) of mothers and babies with breast feeding difficulties.

6. If found necessary the Authority will establish one or more creches and a register of daily guardians.

7. The Authority will review their service from time to time and make modifications which seem necessary in the light of experience.

SECTION 23.—MIDWIFERY.

Description of the service which will operate on the appointed day.

General administrative arrangements.

1. The Authority propose that their present arrangements shall stand as the domiciliary midwifery service on the appointed day. These arrangements will be co-ordinated, where necessary, with the services provided by the Regional Hospital Board.

2. The Authority propose to employ directly four whole-time midwives. If necessary, the Authority may utilise the services on a part-time basis of other midwives, but this will not be done in preference to the employment of whole-time personnel.

3. No proposals are envisaged in relation to voluntary organisations or other bodies, except so far as is necessary to allow the Part II pupil midwives at Moorlands Maternity Home to attend, with the domiciliary midwives, patients on the district.

4. No joint arrangements are proposed with other local health authorities.

Arrangements for supervision of midwives.

The Authority intend to have a non-medical supervisor of midwives and for the present it is proposed to retain, by arrangement with the Hospital Management Committee, the services of the matron at the Maternity Home as non-medical supervisor of domiciliary midwives, who will work in this regard under the administrative direction of the Medical Officer of Health. It is not proposed to have a medical supervisor of midwives.

Transport.

The Authority will ensure that the arrangements for the transport of midwives and their equipment to cases is satisfactory. At the present time, the Authority have authorised the use of a car for one of the midwives, and bus transport and taxis as required for the others.

Analgesia.

Each midwife is at present supplied with a gas and air apparatus, and is trained in the use of it. Arrangements will be made for each whole-time midwife (and so far as seems desirable, each part-time midwife) to be trained, if not already trained, in the administration of approved methods of analgesia and she will be provided with the appropriate equipment.

Housing.

The Authority will, if necessary, consider the question of the provision of housing for midwives appointed to the district.

Admission to hospital.

It is proposed that if the services of a doctor cannot be secured in a reasonable time in grave cases, the midwives should have the right to arrange, after consultation with the hospital, for immediate admission.

DEVELOPMENT PLAN.

The development plan must be guided by the effect of the transfer of the maternity hospital to the Regional Hospital Board. If arrangements roughly comparable to those now obtaining for institutional confinements of Dewsbury mothers are maintained, the present number of midwives is regarded as adequate for the domiciliary service. If the amount of institutional midwifery undertaken under the new arrangement be affected or other at present unforeseeable factors arise, the number of domiciliary midwives may have to be increased.

SECTION 24.—HEALTH VISITING.

Description of the service which will operate on the appointed day.

General administrative arrangements.

1. The present service will continue to be operated, but if the Authority is able to secure the staff, six health visitors will be employed for the purposes prescribed in Section 24 of the Act and others as set out in the proposals under Section 28. As soon as practicable the school nursing and health visiting staff will be fused so that each nurse will hold the joint appointment of health visitor and school nurse.

2. Six whole-time health visitors will be employed if the staff can be secured. If necessary and if obtainable, the Authority may utilise the service of part-time health visitors but it is not intended to do this in preference to the employment of whole-time staff.

3. It is not proposed to make any arrangement for the provision of health visiting service through voluntary organisations.

4. No joint arrangements are contemplated with other local authorities.

Transport.

The existing arrangements (bus transport) will be continued in relation to the transport of health visitors.

DEVELOPMENT PLAN.

The Authority will expand their health visiting staff as it proves necessary. It is expected that two more health visitors will be required by 1949 (making a total establishment of eight), and further staff will be appointed as found necessary.

SECTION 25.—HOME NURSING.

Description of service which will operate on the appointed day.

General Administrative Arrangements.

1. The Local Health Authority propose to provide a home nursing service through the County Borough of Dewsbury Nursing Association, which has for many years provided a district nursing service. The service will be available without charge for all cases in the County Borough in which home nursing is certified to be necessary by a duly qualified medical practitioner, subject to the exigencies of the service and to the reservation of a right for the Medical Officer of Health in exceptional circumstances, and when it seems necessary to him, to grant or refuse home nursing in any particular case. It is intended that when practicable the staff shall be increased to provide night nursing, and also male nursing. At the present time, only occasional night nursing visits are practicable. The service will be under the general supervision of the Medical Officer of Health. It is intended to review the operation of the service at about 31st March, 1949, and periodically thereafter.

2. The Authority do not propose at the present time to employ any nurses directly and, generally speaking, it is intended that additional nursing staff shall be recruited to the staff of the Nursing Association.

3. The arrangements proposed to be made with the Association provide :—

(a) that the Nursing Association shall maintain, as far as practicable, at least the present staffing and standards of work. The number of nurses now engaged is six whole-time nurses (including the Matron) and one part-time nurse, and there is one vacancy for a whole-time nurse. It is proposed to strengthen this staff to provide for night nursing duties and one male nurse. The use of part-time nursing staff will be extended if necessary. These numbers may be varied in accordance with experience and needs ;

(b) that the Committee of the Association shall include five members nominated by the Authority ;

(c) that the Committee of the Association shall consider certain improvements which are necessary in the Home, and shall also endeavour to secure recognition of the Home as a training school by the Queen's Institute of District Nursing ;

(d) that the Local Health Authority shall make to the Association payments for the service in accordance with such terms as may be agreed from time to time ; and

(e) that the Medical Officer of Health shall have the right of general supervision of the Home Nursing Service and shall have access to records, etc.

4. No joint arrangements are proposed with other local authorities.

Transport.

As the Association possesses two cars for the use of the nurses, it is considered that arrangements for transport at present in force are satisfactory, but these will be extended if necessary.

DEVELOPMENT PLAN.

Further housing accommodation to be provided for the nurses, and additional staff and equipment to be secured when practicable in accordance with the needs of the service. Periodical review will be necessary and at some future date it may be desirable by negotiation and agreement with the Association for the Authority to take over the direct administration of the Home Nursing Service.

SECTION 26.—VACCINATION AND IMMUNISATION.
Diphtheria Immunisation.

A.—Children under 5.**(a) General Plan.**

The general plan for securing immunisation against diphtheria includes (i) the provision of facilities at all child welfare sessions and at one special session, and (ii) immunisation by general practitioners on the terms contained in "D" below.

Propaganda will be undertaken through the Health Visitors, Midwives, School Teachers, etc. There will be the routine issue of first birthday reminder cards to children not already immunised, and co-operation in national campaigns, including the use of material issued by the Central Council for Health Education or by other similar organisations.

(b) Sessional Arrangements.

(1) One of the Assistant Medical Officers of Health will devote a short late afternoon session once a week to this work.

(2) Regular immunisation sessions will be held at child welfare centres on a basis adequate to meet fully the requirements for these facilities throughout the Authority's area.

(c) Personal Encouragement.

Health Visitors, Midwives, Teachers, will all be asked to co-operate in making immunisation facilities widely known. Health Visitors will be expressly charged with responsibility for making every effort to secure the immunisation of the children under school age in their respective districts of duty, for collecting forms of consent from the parents, and for keeping such note with regard to these children as will enable the Health Visitor to carry out this part of her work systematically. Opportunities will be taken in health lectures, etc., by members of the staff to refer to immunisation.

(d) Public Information.

The use of advertisements, posters, cinema slides, occasional notices in the press and co-operation with any central campaigns (as in recent years) will be the means used.

(e) Local Propaganda.

As “ (d) ” above.

B.—Children of School Age.**(a) General Plan.**

As under “ A(a) ”

(b) Sessional Arrangements.

Efforts will be made to secure immunisation at school of such school children as are not yet protected. Special sessions will be held at school for this purpose conducted by the School Medical Officers. Particular attention will be paid to school entrants. School children will also be immunised at the child welfare centres as in “ A(b) ” above.

(c) Personal Encouragement.

As under “ A(c). ”

(d) Public Information.

As under “ A(d). ”

(e) Local Propaganda.

As under “ A(e). ”

(f) Re-inforcing Injections.

All parents of school entrants known to have been immunised in infancy will be asked to allow the giving of a reinforcing dose to the children either by the school medical officers or by general practitioners on the terms contained in “ D ” below. The co-operation of the teachers will be sought. It is not proposed at present to institute reinforcement doses at 10 years of age but the Authority's arrangements will have due regard to affording facilities for such reinforcing injections as may be judged medically expedient during school life.

C.—Records.

The Authority will require their Medical Officers and general practitioners performing immunisations, etc., under the scheme to furnish any particulars required as requested by the Minister of Health, and the records will be kept in such a way as to enable the Authority to furnish the necessary returns to the Ministry of Health.

D.—Medical Arrangements and Fees.

All the general practitioners who practise in the County Borough will be invited to take part in the scheme and those who perform immunisations under the scheme will be entitled to receive fees from the Authority in respect of the return to the Authority of the appropriate information in the specified form (such fees to accord with the result of any central negotiations between the Minister of Health and representatives of the medical profession). The Medical Officers of the Public Health Department will take part in the scheme as set out above.

Smallpox.

A.—Infant Vaccination.

(a) General Plan.

Vaccinations will be offered to children under 12 months (as also to any adult requiring it for particular reasons, or to any person a contact of smallpox or during epidemic periods) through the clinics and through the general practitioners willing to take part in the scheme on the terms contained in " D " below.

(b) Sessional Arrangements.

Vaccination against smallpox will be carried out at the clinic sessions in the same way and at the same times as for diphtheria.

(c) Personal Encouragement : (d) Public Information : and

(e) Local Propaganda.

The same general steps as under " Diphtheria Immunisation A(c) " above would be taken to encourage smallpox vaccination but special emphasis would be put on the place of the midwives and health visitors.

B.—Records.

As under " Diphtheria Immunisation C " above.

C.—Outbreak of Smallpox.

In the event of an outbreak of smallpox occurring, or a large scale public demand for vaccination because of an outbreak of smallpox, all general practitioners and the medical staff of the Public Health Department will be asked to take part in vaccination, and clinic premises will be made available for the purpose in day time and evening ; the public will be urged to attend for vaccination at clinics or by their own general practitioners. Cinema slides and local press and poster advertisements will also be used.

D.—Medical arrangements and fees.

Normally—as under “ Diphtheria Immunisation D ” above. In the event of an outbreak of smallpox, general practitioners will be remunerated for sessional work in accordance with the result of any central negotiations between the Minister of Health and representatives of the medical profession.

Whooping Cough.

It is proposed that whooping cough immunisation should be offered by the medical staff of the Local Health Authority at clinics and by the general practitioners on the terms contained in “ Diphtheria Immunisation D ” above to all children whose parents are willing to have them so treated. The Medical Officer of Health of the Authority will be responsible for deciding the antigen or antigens to be used for the purpose of these arrangements, and will keep records to enable him to assess the value of the procedure in the prevention of whooping cough. It is not intended to use any form of intensive propaganda in relation to whooping cough immunisation.

Other Diseases.

If in exceptional circumstances it is considered expedient by the Authority's Medical Officer of Health, and he so advises the Authority, temporary arrangements may be made under his direction for group inoculation against a disease other than those referred to in the preceding proposals as regards persons to whom it is thought advisable to offer this inoculation to protect them against exceptional risk.

SECTION 27.—AMBULANCE SERVICES.

Service which will operate from the appointed day.

A.—Co-ordination of Existing Services.

Subject to the Corporation being able to secure delivery of one new ambulance and one car for sitting cases, the Corporation will, as from the 1st April, 1948, administer the ambulance service itself through its Health Committee. The Medical Officer of Health will be in administrative charge of the service, and will be responsible to the Health Committee for the management of the service.

B.—Re-distribution and augmentation of existing services.

There will be re-distribution of the present vehicles: the present police ambulances (two) will, together with a new ambulance and a car for sitting cases, be located in the new ambulance station to be sited in premises (which are quite adequate for the purpose and leave margin for further extension of the service if found necessary) within the same curtilage as the premises of the Transport Department. Some minor structural alterations to present buildings will be required.

This re-distribution will, it is anticipated, enable the Corporation to discontinue at an early date the use of the Ravens-thorpe ambulance and the two ambulances belonging to the Mitchell Laithes Isolation Hospital.

C.—Consultation with other Local Authorities.

Consultations have been held with Bradford, Huddersfield, Leeds and Wakefield Corporations and the West Riding County Council, and agreement reached in regard to (1) mutual aid, and (2) co-ordination of the transport of hospital patients. These arrangements will, if necessary, be extended.

D.—Staff.

The Medical Officer of Health will be responsible for the administration of the service and generally speaking he will act through the Ambulance Officer (the Corporation's Transport Manager). The staff will consist of 11 men employed full-time (on the basis of a 48 hour week). In addition to the whole-time personnel, a scheme has been formulated for reinforcing the service with part-time personnel who will be drawn from the Transport Department's pool of drivers, etc. The staff will work under the immediate direction of the Ambulance Officer. Clerical duties, as necessary, will be carried out by these men and telephone cover will be provided in the day time jointly with the Transport Department.

The normal number of drivers and attendants on duty in the day time will be four men, and at night two men. Arrangements for immediate telephone cover and relief of personnel in the event of the night staff being called out have been worked out, utilising the part-time personnel referred to above.

The Council will make arrangements for securing that, as far as possible, (i) all ambulance drivers and attendants shall hold the first-aid certificate of the St. John Ambulance Association or the British Red Cross Society, or the St. Andrew Ambulance Association or such other first-aid qualification as may be approved or prescribed by the Minister of Health; (ii) all such drivers and attendants shall be so trained as to be interchangeable in their duties.

E.—Maintenance and Servicing.

The cars will be maintained by the personnel themselves. Servicing will be carried out by the staff of the Transport Department (which is fully equipped for this purpose) and the cost thereof will be allocated to the Ambulance Service.

F.—Conveyance of Patients by railway.

Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking, the Local Health Authority propose to arrange accordingly.

G.—Call Out arrangements.

The Council will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County Borough informed of the action to be taken to call an ambulance.

DEVELOPMENT PLAN.

It is estimated that, in order to provide adequately for the conveyance where necessary, at any time of the day or night of persons suffering from illness (as defined in Section 79(1) of the National Health Service Act, 1946) or mental defectiveness or expectant or nursing mothers from places in the County Borough to places in or outside the County Borough and to meet the Council's obligations to neighbouring Local Health Authorities under arrangements for joint user or for mutual assistance in emergency, the service will need to comprise a total of 3 to 5 ambulances, 1 to 3 sitting case cars, and 11 to 15 drivers and attendants, together with the part-time services of staff of the Transport Department. The Council intend to develop the service up to the minima mentioned as rapidly as circumstances permit.

The requirements of the ambulance service will be kept under constant review, and such increases as experience shows to be required will be made from time to time up to the maxima mentioned above in the number of ambulances, sitting-case cars and staff.

SECTION 28.—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Administrative responsibility for the arrangements made by the local health authority under Section 28 will rest upon the Medical Officer of Health.

A.—Tuberculosis.

The authority do not at present propose to set up workshops, hostels or settlements, etc., for ex-patients, but will continue, as in the past, to send suitable patients to settlements, *e.g.* Papworth. They will consider, either by joint arrangement with other authorities or otherwise, the establishment of such services if later found desirable.

The authority will continue to provide free milk and food supplements.

It is not intended to establish a care committee, but the authority will provide for care and after-care of tuberculous patients in regard to the ways mentioned in Circular 118/47, paragraphs 42 and 43, page 13, some of which are already covered by the authority's service.

Integration with other parts of the National Health Service.

It is contemplated that there will be joint appointments on an agreed basis, between the Regional Hospital Board and the Local Health Authority, of one or more Medical Officers engaged in both parts of the service, viz. :—the hospital and preventative sides. It is intended that the tuberculosis visitor on the staff of the authority will spend part of her time in the dispensary or the hospital, as seems necessary. The authority employ one tuberculosis visitor and will appoint another if necessary.

B.—Mental illness or defectiveness.

The Authority intend to provide an occupation centre for the welfare of mental defectives as soon as they can secure appropriate accommodation. Home visiting, the provision of maintenance grants, clothing allowances to guardians of mental defectives will be continued.

It is proposed to employ, on a part-time basis, specialist medical officers employed by the Regional Hospital Board.

It is intended to secure home visiting of persons found to be suffering from nervous (neurotic or psychotic) disorders by one or more psychiatric social workers or experienced mental health workers on the staff of the Authority who, by arrangement with the Regional Hospital Board, will attend hospitals or clinics maintained by the Regional Hospital Board. Advantage will be taken as far as practicable and necessary of the services of the regional officers of the Mental Health Association in case work.

Detailed proposals for the care and after-care of persons suffering from mental illness or defectiveness are set out in the Authority's scheme under Section 51 of the Act.

C.—Other types of illness.

The Authority intend to develop arrangements for affording all necessary care and after-care to persons discharged from hospital or other invalids, so, however, that the arrangements in this respect will be such as will not fall within the scope of the hospital and specialist services or of provisions of Part III of the National Assistance Act.

The Authority also propose to utilise the service of the health visitors in the visiting of old people with a view to advising on the need for medical care and to give general advice relative to the prevention of illness and the maintenance of health. It is proposed to make available simple facilities for testing vision and hearing to old people with a view to encouraging them to secure treatment at an early stage.

D.—Provision of nursing equipment and apparatus.

It is proposed that distribution points will be established at which will be stored suitable requisites which will be owned by the Authority.

E.—Surveys.

The Authority propose to make any necessary socio-medical surveys which may seem appropriate with a view to initiating measures for the prevention of illness. They will also carry out or be willing to co-operate with the Regional Hospital Board in the carrying out of mass health surveys of various kinds.

F.—Health Education.

The Authority will use all means available to them for health education in the area including visual education, personal approach by the staff, lectures, etc. In particular, the services of health visitors will be widely used in relation to health education.

G.—Venereal Diseases.

Contact tracing and following-up of defaulters will be undertaken by the Authority's health visiting staff or a Social Worker appointed for the purpose, acting in co-operation with the Medical Officers of the Venereal Disease Treatment Centres of the Regional Hospital Board.

SECTION 29.—DOMESTIC HELP.

Description of the service which will operate on the appointed day.

General administrative arrangements.

1. The Authority propose to organise a service of domestic helps for the purposes prescribed in Section 29(1) of the Act. They propose to employ under the administrative direction of the Medical Officer of Health, three whole-time domestic helps, together with a number of home helps employed part-time or casually as the need arises, these latter receiving a minimum weekly payment of 10s. 0d. per week. It is proposed that the immediate supervision of the service shall be undertaken by one of the Health Visitors. It is intended to recover charges in respect of the use of this service as seems reasonable to the Authority, having regard to the means of the persons availing themselves of the services.

2. No special arrangements are proposed to deal with rural parts of the area.

3. No joint arrangements are proposed with other local health authorities.

DEVELOPMENT PLAN.

It is intended that the home help service shall be developed in accordance with the requirements as shewn by experience. It is expected this may involve the recruitment of additional staff, and the appointment of an organiser.

SECTION 51.—MENTAL HEALTH SERVICES.

Proposals.

A.—General.

The Authority intend to appoint a mental health sub-committee.

The Medical Officer of Health will be responsible for the organisation and control of the mental health service provided by the local health authority. It is proposed to use on a part-time basis the services of a specialist Mental Health Medical Officer of the Regional Hospital Board, in relation to advising the Medical Officer of Health on the mental health service and on the direction of the mental health social workers and otherwise as required. Collaboration with the Regional Hospital Board will be maintained on these matters and also in relation to community care of persons discharged from hospitals on licence, etc. It is intended to secure close collaboration between the staff of the authority and the staff of the Neurological Clinic which has already been established at the Dewsbury and District General Infirmary.

B.—Medical.

The Medical Officer of Health and his deputy will continue to be responsible for the ascertainment and certification, etc., of mental defectives under the Mental Deficiency Acts, and it is proposed that they will secure the services of specialist medical officers when required, both in relation to mental deficiency and generally as under Part II(A) above.

C.—Non-Medical.

The Authority propose to employ three Authorised Officers, of whom two would be men and one a woman, acting in a part-time capacity. The two men would be former officers of the Social Welfare Department with experience of Relieving Officers' duties. All the Authorised Officers would be given suitable training. They would operate from the Health Department, Municipal Buildings, Halifax Road, Dewsbury. After suitable training they would be employed also in the community care of mental defectives not in institutions, and of persons discharged from mental hospitals. The Authority propose to utilise either on a part-time basis in the first instance, but probably later on a whole-time basis, the services of one or more psychiatric social workers or experienced mental health workers who, under medical direction, would co-ordinate case-work amongst mental defectives living in the community, and, if required, amongst persons suffering from mental disorder. The services of regional officers of the National Association for Mental Health will also be utilised as seems practicable and necessary in case work. The Authority have already approved proposals for the establishment of an occupation centre to cater for 30 persons in the first instance and this will be established as soon as suitable premises or suitable hutting can be obtained. It will be located in Dewsbury. There will be two whole-time workers engaged in the training of mental defectives in the centre. It is proposed to provide home training, at first employing one trained person in this work, but it is intended that all mental defectives able to travel daily should attend at the occupation centre when that is established, home training being offered only to those unable to travel. The Authority intend to continue to make grants to guardians of mental defectives towards the expenses of guardianship.

D.—Ambulance Service.

The Authority's ambulance service will be available for the purposes of the Mental Health Service and where it seems appropriate, the Regional Hospital Board will be asked to send an ambulance suitably manned for the transference of patients.

